

An Evaluation of the Effectiveness of Anger Management Education Enriched by Psychodrama

Psikodrama İle Zenginleştirilmiş Öfke Yönetimi Eğitiminin Değerlendirilmesi

Ayşegül BİLGE,¹ Gülseren KESKİN²

SUMMARY

Objectives: The aim of this study is to assess anger management education enriched by psychodrama.

Methods: The research sample consisted of 28 voluntarily participating students at Ege University. This study was done between March 19 and May 22, 2012. It was planned as a semi-experimental design. An introductory identification form and the Novaco Anger Scale's short form were used to collect data. The Mann-Whitney U test, the Wilcoxon test, the chi-square test and Spearman's rho correlation analysis were used to analyze the data.

Results: It was determined that there was a statistical difference between the before and after anger education scores, and that mean anger scores decreased after the education ($p=0.00$, $Z=-3.772$).

Conclusion: Anger management education enriched with psychodrama positively influences anger management.

Keywords: Anger; anger management education; psychodrama.

ÖZET

Amaç: Bu çalışmanın amacı, psikodrama ile zenginleştirilmiş öfke yönetimi eğitimi değerlendirmektir.

Gereç ve Yöntem: Araştırmanın örneklemini, 19 Mart–22 Mayıs 2012 tarihleri arasında Ege Üniversitesi'nde okuyan 28 gönüllü öğrenci oluşturdu. Araştırma, yarı deneysel bir tasarım olarak gerçekleştirildi. Sosyodemografik veri formu ve Nova Öfke Ölçeği kullanıldı. Verilerin analizinde Mann-Whitney U Testi, Wilcoxon Testi, Ki-kare testi ve Spearman's rho correlation analizi kullanıldı.

Bulgular: Öfke puanı öncesi ve sonrası arasında istatistiksel olarak bir farklılık olduğu ve eğitim sonrası öfke puanlarının azaldığı saptanmıştır.

Sonuç: Psikodrama ile zenginleştirilmiş öfke yönetimi eğitimi öfke yönetimi pozitif yönde etkilemektedir.

Anahtar sözcükler: Öfke; öfke yönetimi eğitimi; psikodrama.

Introduction

Anger is a complicated emotion. It is a reaction towards unsatisfied wishes, undesired results and unfulfilled expectations. It usually manifests itself when the person feels emotional or physical stress. Anger can range in intensity from a mild reaction to violence. At times, it can be short lived and mild in intensity. It can also be continuous, severe and destructive.^[1,2]

Every individual has a personal way of coping with situations that cause anger, and people express their feelings differently. They can either show their anger and act out, or suppress it. Anger is usually expressed verbally and/or in actions, which usually involve violence towards objects or people. On the other hand, suppressing anger means keeping it inside, hiding it and suppressing the thoughts and feelings creating the anger.^[3]

It is known that people who are agreeable can manage anger-causing situations much more easily.^[4,5] Angry people are known for their inability to resolve problems by communicating with people, and they also lack the social skill of developing interpersonal relationships.^[4] When anger cannot be handled in a healthy manner, it can result in aggressive behavior towards others or even be harmful to the person who is angry.^[6] The feeling of anger is predictive for violent behavior. Hostility or violence can be the consequence of anger, in which case it becomes a destructive and problematic emotion.^[7] Problems regarding anger management have increased in the past years, especially in adolescents and young adults. Therefore, it is often analyzed individually or in groups using different techniques.^[8,9]

Acts of violence and anger control problems have been dramatically increased especially among young people in schools, which has been accepted as a problem in Turkey. According to Alikasifoğlu et al. (2004), 42% of high school students engage in violence at least once in a single academic year.^[10] In Turkey gender-based research has shown that Turkish gender roles for women imply ways of anger expression and acceptable physical complaints like anger-related headaches. This attitude is seen as good because females must be more successful at masking their negative emotions in Turkish culture.^[11]

¹Department of Nursing, Ege University Nursing Faculty, İzmir, Turkey

²Department of Nursing, Ege University Atatürk Medical Technology Vocational Training School, İzmir, Turkey

Correspondence (İletişim): Dr. Ayşegül BİLGE.
e-mail (e-posta): aysegul.bilge@ege.edu.tr

Psikiyatri Hemşireliği Dergisi 2017;8(2):59-65
Journal of Psychiatric Nursing 2017;8(2):59-65

Doi: 10.14744/phd.2017.08760

Submitted (Geliş tarihi): 07.02.2017 **Accepted (Kabul tarihi):** 07.07.2017

It is now a widely accepted opinion that educational programs should address anger control. Psychoeducation is one of the methods that enable a person to realize symptoms of anger and thus experience a shorter and milder anger fit. It provides emotional support, raises awareness and keeps up hope when things change.^[12,13] Psychodrama is the most effective method for creating insight into psychological and social problems and increasing the awareness regarding behavior.^[14] Psychodrama gives insight to what people do or do not do, making it possible for them to reevaluate their mistakes in life without damage.^[15]

Psychoeducation involves empowering individuals with knowledge about their problem behaviors with the objective of changing how they behave. Psychoeducational interventions are not therapy. It can involve experts from different fields, but not as therapists. Psychoeducation can be used in many areas that require emotional and behavioral control and problem solving. Anger is such an interpersonal emotion. When dealing with problems, role playing and empty chair techniques can be used. This technique helps individuals to control their breathing and adjust their voice when they get angry. Psychoeducation focuses on the recognition of angry feelings, awareness of the signs of angry feelings and feelings of anger. It involves understanding the causes, learning different ways to express anger and recognizing alternative ways of controlling anger.^[12,13]

Psychodrama is a psychotherapy method developed by Moreno, in which individuals can evaluate their mental and social problems by acting on stage. Moreno emphasized three dynamics in human beings: spontaneity, creativity and action. According to him, a person has several roles throughout life and uses these dynamics while acting them. When these three talents do not reach normal development and maturity, complementing each other at the same time, then different mental diseases may arise.^[16,17] During a psychodrama session, a person looks into his or her own reality during the performance of the other actors.

Psychiatric nursing is a process of interpersonal communication, and psychodrama is one of the important techniques that affect communication between patients and nurses. With this technique, nurses acquire an awareness regarding their own feelings and focuses upon the feelings and thoughts of patients. With the group interaction models in psychodrama, nurses help patients gain insights during the healing process.^[14,18] Within the group, many emotions such as anger, denial are experienced between nurses and patients. When nurses encounter these suppressed stressful emotions, thanks to psychodrama they can express these feelings and become aware of patients' feelings.^[15,19] The techniques in psychodrama, such as the warming up exercises that increase spontaneity, role playing and the use of mirrors and the emp-

ty chair, are all educational and create behavioral changes in patients by catharsis, imitating behavior, gaining insight, exploring the truth and developing rational thoughts. People can look at themselves through their own roles and those of others with the help of therapists and auxiliary elements and can realize their own relationships' or any relationship's defective aspects and by changing them during play can rid themselves of emotional burdens.^[16,17,20]

Today, innovative approaches in nursing education are encouraged in order to meet students' learning interests and to make changes in their own lives and healthcare applications. Learning to care for critically ill patients requires strong clinical skills, the ability to communicate effectively with other health care providers, a high level of critical thinking and clinical decision-making ability. Problem-based learning has been widely adopted in nursing education, with various positive effects on students' learning, such as motivated learning, team work, problem-solving skills and critical thinking. Many psychodrama methods can be used effectively in nursing education. For example, role play is the basis of all psychodramatic activity. Role-play is a teaching strategy that facilitates students' autonomy in their health-related learning.

Especially for the control of anger management therapy, social skills training, relaxation, anger management-oriented cognitive behavioral therapy and group therapy, psychodrama has been reported to be useful. Psychodrama practices have many therapeutic features, although psychodrama research is limited, especially in anger management education with psychodrama. Keeping in mind that anger management issues in adolescents and young adults have increased in the past years in our country,^[21] this study is an important pioneer for other studies. We used psychodrama in anger management groups with the basic principles of non-treatment of anger management and ensuring individual psychiatric, psychosocial and physical well-being. Individual, family and group therapies play an important role in psychiatric and psychosocial well-being.

Materials and Method

Sample and Procedure

This study aimed to determine the effectiveness of an education program for anger management enriched by psychodrama. Individuals who expressed difficulty with controlling anger participated in it. To increase the effectiveness of psychotherapy, this study used psychodrama because of its ability to test and review ways of resolving problems, to provide a new opportunity to learn and experiment with behavior and to help people cope with problems.

At the end of the study, the participants were expected to change certain behaviors in their social environment. The

degree of anger experienced, the ability to control anger and the form of its expression were expected to change positively.

The study was quasi-experimental with a pretest and posttest. The study was conducted with 36 students from Ege University's Izmir Ataturk Health High School. Some students ($n=8$) were excluded from the study because they did not complete the psychodrama sessions during the study. The students were educated in groups of 28.

After the Novaco Anger Scale was administered to students throughout the school, psycho-education-oriented group therapy was planned for the students identified as having high levels of anger in the planning phase of the study. Eighteen male and ten female students were selected randomly from 36 students who had high anger scores. Accordingly, in this study, a manual was prepared for a psychodrama therapy program to reduce students' anger. The content of the program was influenced by some previously administered psychodramatic psychoeducation programs.^[15,22] Afterwards, group-based psychodramatic psychoeducation was administered to the experimental group. A demographic form and the Novaco Anger Scale were administered to the participants, following which anger management education with psychodrama techniques was administered to the groups in three sessions. A week after the three educational sessions, the Novaco Anger Scale was administered again as a retest. The group was educated in three sessions every two weeks for two hours.

Group Education

Phase 1 consisted of the introduction of the investigators and group members, information regarding the functioning and the aim of the group, the expectations of the group members, the expression of the members' anger, and warming up exercises.

Phase 2 presented the definition of anger, the causes of anger, anger dynamics, education about anger management methods, experiences of the members regarding the effect of an angry life and techniques of role alteration.

Phase 3 involved the expression of anger verbally and emotionally using psychodrama techniques, gaining awareness and applying anger management techniques. At closure, the group members gave feedback to the group regarding their behavioral and intellectual experience.

The participants were given psychoeducation based on cognitive behavioral techniques with the aim of acquiring talents such as: relaxation in anger management, changing the way of thinking in events or situations causing anger, perceiving events or situations as problems causing anger and finding rational solutions, being able to use humor and a positive approach to change the environment when angry.

The psychodrama techniques were role reversal, mirroring and modeling. The participants were divided into 4 groups of 7 people.

Data Collection

Data were collected from participants during ten weeks between March-June, 2012. The forms included a socio-demographic information form and the Novaco Anger Scale. They were filled out face-to-face by the investigators in about 25 minutes.

Instruments

Demographic Form: This form was developed by the researchers after a literature survey. It comprised 13 questions about things such as the age, gender, social class and residence of the participants.

The Novaco Anger Scale: The original form of this scale was prepared by Novaco (1975). The validity and reliability of the 25 item short version of the scale was performed by Devilly (2002).^[23] The Turkish validity and reliability study was performed by Sütçü and Aydın (2008).^[24] The scale is intended to measure the anger or provocation level felt by individuals in certain situations, so the items are hypothetical situations that can trigger anger. The scale uses five-point Likert type scoring to establish the anger level, ranging from none (0) to a lot (4). The highest possible score on the scale is 100. Higher scores indicate more anger. The Cronbach's alpha value was 0.96 in Devilly's study (2002),^[23] and 0.93 in Sütçü and Aydın's study (2008).^[24] Our study found it to be 0.92.

Ethical Considerations

Necessary approvals were obtained from the Ethics Committee of Izmir Ataturk Health High School of Ege University, Turkey. The researchers informed each individual about the objective of the study, and their permission was obtained in interviews with each eligible participant. Participants who disclosed their individual information to anyone other than the researchers were not allowed to access this information. In cases of withdrawal from the study, the participants' privacy is respected by the policies of Ege University. The participants were asked to fill out the questionnaires without leaving any items blank, and they were also asked if they felt good enough to fill them out. Informed consent was obtained from all participants. The form included the ethical principles of the Universal Declaration of Human Rights.

Data Analyses

The data were statistically analyzed using SPSS 15 software. Apart from demographic statistical methods (means and standard deviations), the Kruskal-Wallis test was used for the comparison of the groups according to parameters without a normal distribution in the quantitative data, and

the Mann-Whitney U test was used to determine the groups causing differences. For the comparison between groups of parameters without a normal distribution, the Mann-Whitney U test was used. The qualitative data were analyzed using the chi-square test. For the relationship analysis between parameters without a normal distribution, Spearman's rho correlation analysis was used. The threshold for significance was $p < 0.05$.

Results

The mean age of the participants was 21.65 ± 2.26 . Of them, 61.5% were nursing students, 88.5% had a nuclear family, and 30.8% lived in the Mediterranean region of Turkey.

The participants' scores on the Navaco Anger Scale by age were evaluated using Spearman's rho correlation analysis, and a medium level negative relationship was found between the scores and the ages of the students before education ($r = -0.424$, $p = 0.031$). In other words, as age increased, anger levels decreased. After the education, the relationship between the scores and age was analyzed using Kruskal-Wallis analysis, and a larger decrease was found in the anger scores of the younger participants, but there was no statistically significant difference between age and anger levels ($p > 0.05$) (Table 1).

The evaluation of the mean anger scores before and after anger management education enriched by psychodrama according to some variables showed that women, midwifery students and students with nuclear families had higher scores, and there was a decrease in all mean scores according

to the variables after the education. There was no statistically significant difference between the variables and mean anger scores ($p > 0.05$).

Evaluation of the mean anger scores of the participants before and after anger management education enriched by psychodrama showed that there was a statistically significant difference in the mean anger scores before and after education, and that the mean anger scores had decreased after the education ($p = 0.00$, $Z = -3.772$) (Table 2).

Discussion

This study aimed to establish the effectiveness of anger management education enriched by psychodrama. It postulated that such education could help the participants control and express their feelings of anger in a more constructive and positive manner.

Serin and Genç (2011)^[25] found a statistically significant decrease in the trait anger, anger-in, anger-out and anger levels of an experimental student group that attended an anger management program and a significant increase in their anger control levels. Özkamalı and Buğra (2010)^[26] reported that anger management education programs are effective in decreasing students' continuous anger levels. In another study, significant differences were found in the continuous anger, anger-inside, anger-outside and anger management test-retest scores of students who received education about anger management.^[27] Özmen (2006)^[28] reported that anger management education significantly reduced students' internalized anger levels in students.

Table 1. Comparison of the Mean Anger Scores of the Participants Before and After Anger Management Education Enriched by Psychodrama According to Some Variables

Variable	Pre-education			Post-education		
	Mean±SD	Z	p	Mean±SD	Z	p
Gender						
Female	63.38±16.24	-1.541	.123	44.50±17.62	-1.639	.101
Male	44.00±14.14			22.50±16.26		
Division						
Midwife	66.40±14.76	-1.135	.257	47.40±17.73	-.898	.369
Nurse	59.06±17.64			18.48±.48		
Family type						
Extended	58.67±26.31	-.201	.841	31.67±3.21	-1.327	.185
Nuclear	62.30±15.87			44.27±18.89		

SD: Standard deviation.

Table 2. Comparison of the Mean Anger Scores Before and After Anger Management Education Enriched by Psychodrama

Scale	Pre-education (n=26)	Post-education (n=26)	Z	p
	Mean±SD	Mean±SD		
Novaco Anger Scale	61.88±16.69	42.81±18.22	-3.772	0.00

*Wilcoxon test $p < 0.01$. SD: Standard deviation.

Reis et al. (2008),^[29] and Coşkun and Çakmak (2005)^[30] have reported the effectiveness of psychodrama. Uçak Şimşek (2003)^[31] also reported that the role alteration technique was effective on positivity and irrational thoughts, and Kipper (2002)^[32] reported that psychodrama integrated with cognitive techniques was effective on irrational thoughts. Another study reported that group applications using psychodrama techniques were effectively reduced adolescents' aggressive behavior.^[33] Serin and Genç (2011)^[25] performed anger management education and reported that it was effective in anger management. Our study results are similar to these studies.

We found that as the age increased the pre-education scores on the Novaco Anger Scale fell. Similar results have been reported by other studies: anger level decreases as age increases, after adolescence as age increases the awareness of feelings increases, and negative feelings and situations causing anger and reactions to them decrease.^[34,35] Our study did not find a similar relationship between scale scores and age after the education, but the anger scores showed a greater decreased more at younger ages, indicating that this education may be more effective at younger ages.

According to our study results, the pre-education and post-education anger scores of the females (pre-education, 63.38 ± 16.24 , post-education, 44.50 ± 17.62), were higher than those of the males (pre-education, 44.00 ± 14.14 , post-education, 22.50 ± 16.26). The scores decreased for both genders after the education. There are studies reporting that anger expression can vary by gender.^[36] Biaggio (1989),^[37] in a study investigating the difference in expressing and experiencing anger by gender, asked university students to record situations causing them anger and their reactions for two weeks. The result was that the males recorded more events and had more physical reactions than the females. Gender roles and responsibilities have differed in different cultures, places and throughout history. There are differences between males and females proportional to the contribution to social life in experiencing and expressing anger (Kızıltan et al., 2007).^[38] The fact that women were a majority in our study might have affected our results, which might have been different with a gender-balanced sample.

Of the participants, 30.8% were from the Mediterranean Region of Turkey. The comparison between the anger scores and the region of residence showed that the anger scores were higher for students from the East Anatolian Region (70.50 ± 23.33). It was found that the mean anger scores of the students from this region had decreased substantially after the education (33.40 ± 7.1). According to the development level in our country, the Western regions rank first in development, whereas the Eastern regions rank last,^[38] which may explain the higher anger levels of the students from the East. In reality, anger, the expression of unfulfilled needs, is

a feeling that can be controlled, should be handled meticulously and analyzed like any other feeling, no matter what the causative factors are.

Of the students, 88.5% had nuclear families. When the pre-education and post-education anger scores of the participants were compared according to family type, it was found that the mean anger scores of those with nuclear families were higher, but decreased after anger management education enriched by psychodrama. Nuclear families are the norm in industrialized societies. In extended families, there usually is someone to help resolve a problem, but in nuclear families, support can be limited.

Evaluation of the pre-education and post-education anger scores of the participants according to physical illness found only one participant with a chronic illness. This participant's anger score was high, but decreased after anger management education enriched by psychodrama. Fernandez and Turk (1995)^[39] found that anger-in scores were more common in patients with chronic pain, and that pain arose from suppressing intense feelings of anger. Gaskin et al. (1992)^[40] have argued that trait anger scores are the determinants of the pain values. Okufiji et al. (1999)^[41] found a 70% rate of feelings of anger in patients with chronic pain. Güleç et al. (2004) found that patients with fibromyalgia syndrome significantly higher anger-in scores than healthy control groups.^[42]

Another way of expressing anger is to internalize it. Like Carmony & Digiuseppe (2003),^[43] Sperberg and Snabb found that if anger is internalized strongly, or else expressed at a high level, it has a strong relationship with depression. Some people tend to internalize or suppress their anger, but suppressed feelings are usually harmful, and they create psychosomatic reactions such as hypertension and gastric ulcers. On the other hand, not expressing anger does not eliminate anger all together, but causes an accumulation of anger that may be expressed in inappropriate ways.^[44]

Evaluation of the relationship between age and pre-education and post-education anger scores showed that there was a negative relationship between mean age and mean pre-education anger scores ($r = -0.424$, $p = .031$). As mean age increased, anger scores decreased.

Evaluation of the anger scores before and after anger management education enriched by psychodrama showed that there was a statistically significant difference between the mean anger scores, which decreased after the education ($p = 0.00$, $Z = -3.772$).

Limitations

The participants were divided into groups of 7. Our study sample was a small one. Jacobs et al. (2002)^[45] did a study with adolescents and found it appropriate to work with groups of

10-12 people. Voltan-Acar (2005),^[46] in a study with voluntary participants, worked with groups of 8-13 people. So our numbers were in accordance with literature. A larger sample and a control group could have been useful. The scales were self-rated, which can cause negative or inaccurate results, and the participants may have had different perceptions due to their social environment and cultural characteristics.

Implications

Anger and aggression in school children and adolescents are increasingly important topics in today's educational system, school nursing and clinical practice. Psychiatric nurses often observe direct effects of anger such as fighting among children and adolescents. Sometimes they face anger expressed indirectly such as social adjustment problems and learning disabilities in children and adolescents. Anger is an emotion and a healthy developmental response to threatening stimuli, but this normal emotion can lead to violent or physically aggressive behaviors. The anger response and its frequency, the types of aggression exhibited can lead to violent behavior. Additionally, violence, including rape, sexual assault, robbery, and aggravated assault, against youth aged 12-25 occurs during school or on the way to and from school.^[47] Therefore, psychiatric nurses should give information to adolescents about anger control and expertise to assist adolescents with developing problem-solving and conflict resolution techniques, coping and anger management skills in clinics or schools. Psychodrama is commonly used for the management of anger. This therapeutic technique helps nurses to understand and explore the perspective of others and to make the connection between their own thoughts and feelings. Adolescent can become aware of the causes of anger using the technique of psychodrama. In psychodrama, adolescents explore internal conflicts by acting out their anger and interpersonal interactions on stage. After therapy, behavioral modification occurs, and students can cope with anger management problems and do recovery-related self-assessment.^[45]

Conclusion

In spite of its limitations, our study showed that anger management education enriched by psychodrama is effective in decreasing anger levels significantly, and also in expressing anger in a constructive and positive way and developing the skills to control anger. In this study, anger management education enriched by psychodrama was carried out by group interaction and was found to be effective in anger management. Due to the fact that our study was performed using an evidence-based experimental design, and no similar studies were found, it can serve as a pioneer for future studies investigating anger. Psychiatric nurses should use this method for anger management in mental health services and clinical applications. Psychiatric nurses have important responsibilities

in managing anger since they spend more time with patients than other caregivers.

This manuscript was presented as an oral presentation at the II. International VI. National Psychiatric nursing Congress, Turkey, October 4-7, 2012.

Declaration of Conflicting Interests

The author(s) declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

References

1. Eslamian J, Fard SH, Tavakol K, Yazdani M. The effect of anger management by nursing staff on violence rate against them in the emergency unit. *Iran J Nurs Midwifery Res* 2010;15:337-42.
2. Eşiyok B, Yasak Y, Korkusuz İ. Trafikte Öfke İfadesi: Sürücü Öfke İfadesi Envanteri'nin Geçerlik ve Güvenilirliği. *Türk Psikiyatri Dergisi* 2017;18:231-43.
3. Spielberger CD, Jacobs GA, Russel FS, Crane RJ, et al. Assessment of anger: The State Trait Anger Scale. In: Butcher JN, Spielberger CD, editors. *Advances in Personality Assessment*. 2nd ed. Hillsdale, NJ: Lawrence Erlbaum; 1983. p. 159-87.
4. Hisli Şahin N, Durak Batgün A, Koç V. Kişilerarası tarz, kendilik algısı, öfke ve depresyon. *Türk Psikiyatri Dergisi* 2011;22:17-25.
5. Lench HC. Anger management: Diagnostic differences and treatment implications. *J Soc Clin Psychol* 2004;23:512-31.
6. Karaca S, Oksay Şahin A. Görme engelli ergenlerin öfke düzeyi ve öfke ifade tarzlarının incelenmesi. *Yeni Symposium* 2011;49:195-200.
7. Ersen H, İlnem MC, Havle N, Yener F, et al. Suç işlemiş kadınların sosyodemografik özellikleri, anne-baba tutumları ve öfke ifade biçimlerinin değerlendirilmesi. *Klinik Psikiyatri Dergisi* 2011;14:218-29.
8. DeRosier ME. Building relationships and combating bullying: effectiveness of a school-based social skills group intervention. *J Clin Child Adolesc Psychol* 2004;33:196-201.
9. Kärnä A, Voeten M, Little TD, Poskiparta E, et al. A large-scale evaluation of the KiVa antibullying program: grades 4-6. *Child Dev* 2011;82:311-30.
10. Alikasifoğlu M, Ercan O, Erginöz E, Uysal Ö, et al. Violent behavior among Turkish high school students and correlate of physical fighting. *European Journal of Public Health* 2004;14:173.
11. Thomas SP, Atakan S. Trait anger, anger expression, stress, and health status of American and Turkish midlife women. *Health Care Women Int* 1993;14:129-43.
12. Alataş G, Kurt E, Tüzün Alataş E, Bilgiç V, et al. Duygudurum bozukluklarında psikoeğitim. *Düşünen Adam: Psikiyatri ve Nörolojik Bilimler Dergisi* 2007;20:196-205.
13. Eisner LR, Johnson SL. An acceptance-based psychoeducation intervention to reduce expressed emotion in relatives of bipolar patients. *Behav Ther* 2008;39:375-85.
14. Overton GK, Kelly D, McCalister P, Jones J, et al. The practice-based small group learning approach: making evidence-based practice come alive for learners. *Nurse Educ Today* 2009;29:671-5.
15. Oflaz F, Meriç M, Yuksel Ç, Ozcan CT. Psychodrama: an innovative way of improving self-awareness of nurses. *J Psychiatr Ment Health Nurs* 2011;18:569-75.
16. Özdel O, Ateşçi F, Oğuzhanoglu NK. An anorexia nervosa case and an approach to this case with pharmacotherapy and psychodrama techniques. *Türk Psikiyatri Derg* 2003;14:153-9.
17. Karadağ F, Kalkan Oğuzhanoglu N, Özdel O, Ergin Ş, et al. Psöriyazis hastalarında psikodrama: Stres ve stresle baş etme. *Anadolu Psikiyatri Dergisi* 2010;11:220-7.

18. Engin E, Cam O. Effect of self-awareness education on the self-efficacy and sociotropy-autonomy characteristics of nurses in a psychiatry clinic. *Arch Psychiatr Nurs* 2009;23:148–56.
19. Gray B. The emotional labour of nursing - Defining and managing emotions in nursing work. *Nurse Educ Today* 2009;29:168–75.
20. Öz F, Akdeniz E. Almanya'da yaşayan göçmen Türk kadınlarının odak grup görüşmesi ile belirlenen sorunlarına yönelik bir grup danışmanlığı çalışması. *Yeni symposium* 2011;49,21–24.
21. Uzmanbaş A. Okul psikolojik danışmanlarının okulda saldırganlık ve şiddete yönelik görüşlerinin değerlendirilmesi. *Mehmet Akif Ersoy Üniversitesi Eğitim Fakültesi Dergisi* 2009;9:90–110.
22. Baile WF, De Panfilis L, Tanzi S, Moroni M, et al. Using sociodrama and psychodrama to teach communication in end-of-life care. *J Palliat Med* 2012;15:1006–10.
23. Devilly GJ. The psychological effects of a lifestyle management course on war veterans and their spouses. *J Clin Psychol* 2002;58:1119–34.
24. Sütçü S, Aydın A. İki farklı öfke ölçeğinin çocuk ve ergenler için psikometri özelliklerinin incelenmesi *Ege Eğitim Dergisi* 2008;93–108.
25. Serin NB, Genç H. Öfke yönetimi eğitimi programının ergenlerin öfke denetimi becerilerine etkisi. *Eğitim ve Bilim* 2011;6:236–54.
26. Özkamalı B, Buğra A. Bir öfke denetimi eğitimi programının üniversite öğrencilerinin sürekli öfke düzeylerine etkisi. *Mersin Üniversitesi Eğitim Fakültesi Dergisi* 2010;50–9.
27. Öz FS, Aysan F. The effect of anger management training on anger coping and communication skills of adolescents. *International Online Journal of Educational Sciences* 2011;3:343–69.
28. Özmen A. Öfkeyle başa çıkma eğitiminin ve etkileşim grubu uygulamasının içe yönelik öfke üzerindeki etkisi. *C.Ü. Sosyal Bilimler Dergisi* 2006;30:175–85.
29. Reis D, Quayle M, Brett T, Meux C. Dramatherapy for mentally disordered offenders: Changes in levels of anger. *Crim Behav Ment Health* 2008;8:139–53.
30. Coşkun B, Çakmak D. Alkol ve madde bağımlılarının grup psikoterapisinde psikodramanın kullanılması. *Bağımlılık Dergisi* 2005;6:103–10.
31. Uçak Şimşek E. Bilişsel davranışçı yaklaşımla ve rol değiştirme tekniğiyle bütünleştirilmiş film terapisi uygulamasının işlevsel olmayan düşüncelere ve iyimserliğe etkisi. [Yayımlanmamış Doktora Tezi] Ankara: Ankara Üniversitesi, Eğitim Bilimleri Enstitüsü, Eğitim Bilimleri Ana Bilim Dalı, Eğitimde Psikolojik Hizmetler Programı, 2003.
32. Kipper AD. The cognitive double: integrating cognitive and action techniques. *Int J Action Meth* 2002;55:93–106.
33. Karataş Z, Gökçakan Z. Psikodrama teknikleri kullanılarak yapılan grup uygulamalarının ergenlerde saldırganlığı azaltmadaki etkisinin incelenmesi. *Türk Psikiyatri Dergisi* 2009;20:357–66.
34. Mill A, Allik J, Realo A, Valk R. Age-related differences in emotion recognition ability: a cross-sectional study. *Emotion* 2009;9:619–30.
35. Durak Batıgün A, Uyku Ç. Bir grup gençte yeme tutumu ve öfke arasındaki ilişkinin incelenmesi. *Türk Psikoloji Dergisi* 2006;21:65–78.
36. Soysal S, Can H, Kılıç K. Üniversite öğrencilerinde A tipi davranış örüntüsü ile öfke ifadesindeki arasındaki ilişkinin analizi ve cinsiyetler açısından karşılaştırılması. *Klinik Psikiyatri* 2009;12:61–7.
37. Biaggio MK. Sex differences in behavioral reactions to provocation of anger. *Psychol Rep* 1989;64:23–6.
38. Ersungur ŞM, Kızıltan A, Polat Ö. Türkiye'de bölgelerin sosyo-ekonomik gelişmişlik sıralaması: Temel bileşenlerin analizi. *İktisadi ve İdari Bilimler Dergisi* 2007;21:55–66.
39. Fernandez E, Turk DC. The scope and significance of anger in the experience of chronic pain. *Pain* 1995;61:165–75.
40. Gaskin ME, Greene AF, Robinson ME, Geisser ME. Negative affect and the experience of chronic pain. *J Psychosom Res* 1992;36:707–13.
41. Okifuji A, Turk DC, Curran SL. Anger in chronic pain: investigations of anger targets and intensity. *J Psychosom Res* 1999;47:1–12.
42. Güleç H, Sayar K, Topbaş M, Karkucak M, et al. Alexithymia and anger in women with fibromyalgia syndrome. *Türk Psikiyatri Derg* 2004;15:191–8.
43. Carmony T, Diguseppe R. Cognitive induction of anger and depression the role of power, attribution and gender. *Journal of Rational Emotive & Cognitive Behavior Therapy* 2003;21:105–18.
44. Howells K, Day A. Readiness for anger management: clinical and theoretical issues. *Clin Psychol Rev* 2003;23:319–37.
45. Jacobs E, Schimmel CJ, Mason RL, Harvill RL. *Group Counseling: Strategies and Skills*. 7th ed. Brooks/Cole, Cengage Learning; 2012. p. 340–64.
46. Voltan Acar N. *Grupla Psikolojik Danışma İlke ve Teknikleri*. Ankara: Nobel Yayın Dağıtım; 2005.
47. Fowler PJ, Tompsett CJ, Braciszewski JM, Jacques-Tiura AJ, et al. Community violence: a meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Dev Psychopathol* 2009;21:227–59.