

# Wheel of emotions



## Overview of the activity

It is a self-reflection exercise that helps participants recognize and understand their emotional responses, building emotional intelligence and resilience through guided reflection.

## Learning goal

Participants will:

- Be able to identify and name emotions in challenging situations.
- Reflect and develop personal coping strategies.
- Build emotional awareness and resilience through self-reflection.

## Target group

**Age range:** from 16

**Group size:** 1-15 participants

## Duration

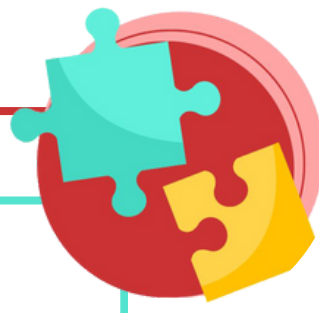
30-45 minutes

## Format

- ☒ In-person      ☒ Adaptable to digital format
- ☐ Included in learning platform

## Materials

- A4 paper and pens; or
  - Devices with an internet connection and a digital wheel
- ☒ Included in this activity:
- Activity infographic
  - "Emotions definitions reference" guide
  - Coping strategies toolkit
  - "Personal wellness plan" worksheet



### How to implement

**Step 1:** Create a safe and confidential space to talk about emotions.

**Step 2:** Explain that all emotions are normal and important.

**Step 3:** Ask participants to think of a recent difficult situation.

**Step 4:** Introduce the *Wheel of Emotions* to help them identify their feelings.

**Step 5:** Invite them to go through the wheel and circle the emotions they felt.

**Step 6:** Encourage them to write down the emotions they do not fully understand.

**Step 7:** Reflect together on ways to manage these emotions.

**Step 8:** Use emotion definitions to clarify feelings.

**Step 9:** Share simple strategies to cope with stress and improve well-being.

**Step 10:** End by listing enjoyable activities and discussing key takeaways.

### Tips for use

**Use as individual or group activity:** works effectively in both settings, allowing for personal reflection or shared insights.

**Works well in hybrid/online setups:** digital version available with interactive wheel and clickable emotion definitions.

**Encourage honest self-reflection:** emphasize that there are no right or wrong emotions to feel.

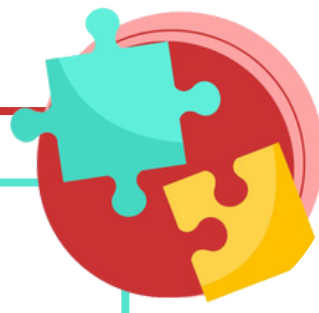
**Allow silence for processing:** give participants adequate time to reflect without rushing.

**Prepare support resources:** have information about local mental health services available if participants express interest.

**Use breakout rooms (online) or small groups (offline)** for voluntary sharing of insights while respecting privacy.

**Offer visual examples:** show how to use the wheel and worksheet before beginning.

**Create psychological safety:** establish ground rules about confidentiality and respect.



## Tools & downloads 🧩

### Tool

-  *Activity infographic*
-  *"Emotions definitions reference" guide*
-  *Coping strategies toolkit*
-  *"Personal wellness plan" worksheet*

## Online resources 🧩

### Tool

-  *First Aid Kit*

### Link

[EN](#) | [FR](#)



# Activity infographic



1

A SITUATION THAT MAKES ME FEEL AN EMOTION

---

---

---

---

2

I feel

because

---

---

---

---

---



3

TIPS

*When you need immediate relief*

- Turn attention to something enjoyable
- Count down from 10 slowly
- Take deep breaths / use breathing apps
- Go for a walk, run, or exercise
- Progressive muscle relaxation
- Visualize a peaceful scene
- Listen to calming music
- Take a timeout
- Talk to a trusted friend
- Try to find humor in the situation

4

SHARE YOUR IDEAS



---

---

---

---

---



# "Emotions definitions reference" guide



## PRIMARY EMOTIONS

### ANGER

**Definition:** A strong feeling of displeasure or hostility triggered by perceived threats, injustice, or frustration.

**Related emotions:** Rage: Intense, uncontrolled anger; Fury: Violent, explosive anger; Irritation: Mild annoyance or impatience; Annoyance: Slight anger caused by inconvenience.

**Physical signs:** Tension, clenched fists, racing heart, flushed face, tight jaw.

### SADNESS

**Definition:** A feeling of sorrow, unhappiness, or grief, often in response to loss or disappointment.

**Related emotions:** Grief: Deep sorrow, especially over loss; Depression: Persistent feelings of sadness and hopelessness; Loneliness: Sadness from being isolated or disconnected; Melancholy: Gentle, thoughtful sadness.

**Physical signs:** Crying, heavy feeling in chest, fatigue, loss of appetite.

### FEAR

**Definition:** An unpleasant emotion caused by the perception of danger, threat, or pain.

**Related emotions:** Anxiety: Worried anticipation of future threat; Worry: Mental distress about possible problems; Panic: Sudden overwhelming fear; Terror: Extreme fear and dread.

**Physical signs:** Rapid heartbeat, sweating, trembling, shallow breathing.

### HAPPINESS

**Definition:** A feeling of great pleasure, happiness, and satisfaction.

**Related emotions:** Joy: Pleasant, positive emotional state; Excitement: Enthusiastic eagerness and energy; Contentment: Peaceful satisfaction; Serenity: Calm, peaceful happiness.

**Physical signs:** Smiling, relaxed posture, energy, warmth.

### DISGUST

**Definition:** A strong feeling of dislike or aversion to something unpleasant.

**Related emotions:** Contempt: Feeling of superiority and disdain; Revulsion: Intense disgust and withdrawal; Loathing: Intense dislike or hatred; Distaste: Mild aversion or dislike.

**Physical signs:** Nausea, turning away, facial expressions of distaste.

### SURPRISE

**Definition:** A feeling caused by something unexpected or unusual.

**Related emotions:** Amazement: Wonder and astonishment; Confusion: Uncertainty and bewilderment; Wonder: Curious admiration; Shock: Sudden surprise, often unpleasant.

**Physical signs:** Wide eyes, raised eyebrows, open mouth, stillness.

# "Emotions definitions reference" guide



## SECONDARY EMOTIONS

### SHAME

**Definition:** A painful feeling of humiliation or distress caused by awareness of wrong or foolish behavior.

**Related emotions:** Guilt: Regret over specific actions; Embarrassment: Self-consciousness in social situation; Humiliation: Deep shame from being degraded; Remorse: Deep regret and sorrow for wrongdoing.

**Physical signs:** Blushing, looking down, withdrawing, feeling small.

### LOVE

**Definition:** A strong positive emotion of deep affection, care, and attachment.

**Related emotions:** Affection: Fond attachment and caring; Compassion: Sympathetic concern for others' suffering; Tenderness: Gentle, caring love; Adoration: Deep love and reverence.

**Physical signs:** Warmth, relaxation, reaching out, smiling.

### TRUST

**Definition:** Confidence in the reliability, truth, or ability of someone or something.

**Related emotions:** Acceptance: Willingness to receive or approve; Admiration: Respect and approval; Respect: Regard for worth and rights; Approval: Positive judgment or endorsement.

**Physical signs:** Open posture, relaxation, leaning in, eye contact.

## UNDERSTANDING YOUR EMOTIONS

**Why emotions matter:** Emotions provide important information about our needs and values; They motivate us to take action; They help us communicate with others; They are part of normal human experience.

### Healthy emotional processing:

1. Acknowledge: Recognize and name the emotion.
2. Accept: Allow yourself to feel without judgment.
3. Understand: Explore what triggered the emotion.
4. Express: Share appropriately or journal about it.
5. Learn: Identify patterns and coping strategies.
6. Move forward: Take constructive action when ready.

When to seek support: Emotions feel overwhelming or unmanageable; They persist for extended periods; They interfere with daily functioning; You have thoughts of self-harm; You're using unhealthy coping mechanisms.

**Remember:** There are no "wrong" emotions. All feelings are valid and provide valuable information about your experience.

# Coping strategies toolkit



## For **ANGER**:

■ **Cool Down Techniques:** Count backwards from 10 slowly; Take 5 deep breaths, exhaling longer than inhaling; Step away from the situation temporarily; Clench and release your fists 10 times; Use cold water on your wrists or face

■ **Physical Release:** Go for a brisk walk or run; Do jumping jacks or push-ups; Punch a pillow or scream in private; Engage in vigorous cleaning or organizing.

■ **Mental Strategies:** Ask yourself: "Will this matter in 5 years?"; Think before you speak or act; Focus on what you can control; Use humor to defuse tension.

## For **SADNESS**:

■ **Comfort Techniques:** Allow yourself to cry if needed; Wrap yourself in a soft blanket; Listen to soothing or uplifting music; Look at photos that bring good memories; Practice self-compassion statements.

■ **Connection:** Call a trusted friend or family member; Write in a journal about your feelings; Spend time with a pet; Join others in a shared activity.

■ **Gentle Movement:** Take a slow, mindful walk in nature; Do gentle stretching or yoga; Dance to favorite music; Engage in creative activities (art, crafts).

## For **FEAR/ANXIETY**:

■ **Grounding Techniques:** 5-4-3-2-1 Method: Name 5 things you see, 4 you hear, 3 you touch, 2 you smell, 1 you taste; Feel your feet on the ground; Hold an ice cube or splash cold water on face; Focus on your breathing pattern.

■ **Breathing Exercises:** 4-7-8 Breathing: Inhale 4, hold 7, exhale 8; Box breathing: 4 counts in, hold 4, out 4, hold 4; Belly breathing: Hand on chest, hand on belly, breathe into belly.

■ **Reality Check:** Challenge catastrophic thoughts; Ask: "What's the worst that could realistically happen?"; List evidence for and against your fears; Focus on what you can control right now.

## For **BEING OVERWHELMED**:

■ **Simplification:** Make a list of urgent vs. non-urgent tasks; Choose one small task to complete; Set boundaries and say "no" to new commitments; Break large tasks into smaller steps.

■ **Reset Techniques:** Take a 10-minute break from all responsibilities; Change your environment (go outside, different room;) Listen to calming music or nature sounds; Practice progressive muscle relaxation.

# Coping strategies toolkit



## LONG-TERM COPING STRATEGIES

### Daily Practices:

#### Morning Routine:

- Set positive intentions for the day
- Practice gratitude (list 3 things you're thankful for)
- Do gentle stretching or movement
- Eat a nutritious breakfast

#### Evening Routine:

- Reflect on the day's positives
- Write in a journal
- Practice relaxation techniques
- Prepare for quality sleep

### Weekly Practices:

#### Physical Wellness:

- Engage in regular exercise (aim for 150 minutes/week)
- Maintain consistent sleep schedule
- Eat balanced, nutritious meals
- Limit alcohol and caffeine

#### Mental Wellness:

- Practice mindfulness or meditation
- Engage in hobbies you enjoy
- Learn something new
- Limit news and social media consumption

#### Social Wellness:

- Maintain connections with supportive people
- Join clubs or groups with shared interests
- Volunteer for causes you care about
- Practice active listening in relationships

## Professional Support Options

### When to Consider:

- Emotions interfere with daily functioning
- Persistent feelings lasting several weeks
- Difficulty coping despite trying various strategies
- Thoughts of self-harm or substance abuse
- Relationship or work problems due to emotional issues

### Types of Support:

- Individual counseling/therapy
- Group therapy or support groups
- Employee Assistance Programs (EAP)
- Mental health hotlines
- Online therapy platforms
- Peer support programs



# Coping strategies toolkit



## EMERGENCY RESOURCES

### Crisis Support:

- Contact your local emergency services
- Reach out to local mental health crisis centers
- Contact your healthcare provider's emergency line

### Online Resources:

- Search for mental health resources in your area
- Contact your local health department for referrals
- Check with your employer's Employee Assistance Program (EAP) if available

## BUILDING YOUR PERSONAL TOOLKIT

### Step 1: Identify Your Patterns

- What emotions do you experience most frequently?
- What situations typically trigger strong emotions?
- What coping strategies have worked for you in the past?

### Step 2: Create Your Emergency Kit

Choose 2-3 immediate strategies for each emotion you commonly experience:

- Anger: \_\_\_\_\_
- Sadness: \_\_\_\_\_
- Fear/Anxiety: \_\_\_\_\_
- Overwhelm: \_\_\_\_\_

### Step 3: Develop Your Support Network

List people you can reach out to:

- Trusted friend: \_\_\_\_\_
- Family member: \_\_\_\_\_
- Professional support: \_\_\_\_\_
- Crisis resource: \_\_\_\_\_

### Step 4: Plan for Self-Care

- Daily practices: \_\_\_\_\_
- Weekly practices: \_\_\_\_\_
- Monthly check-ins: \_\_\_\_\_

*Remember: Coping strategies take practice. Be patient with yourself as you learn what works best for you. It's okay to try different approaches and adapt them to your needs.*

# Personal Wellness Plan Template



Date Created: \_\_\_\_\_

Review Date: \_\_\_\_\_

## MY WELLNESS GOALS

### What I want to achieve:

1. ....
2. ....
3. ....

Why these goals matter to me:

.....

.....

.....

## UNDERSTANDING MY PATTERNS

### My Emotional Triggers:

Situations that typically cause me stress or difficulty:

- .....
- .....
- .....

### My Warning Signs:

How I know when I'm struggling emotionally:

1. Physical signs: .....
2. Emotional signs: .....
3. Behavioral signs: .....
4. Thought patterns: .....

### My Strengths:

What helps me cope and what I do well:

- -
- -
- -
- -
- -

# Personal Wellness Plan Template



## MY COPING STRATEGY ARSENAL

### For Immediate Relief (0-30 minutes):

When I'm feeling angry:

---

---

When I'm feeling sad:

---

---

When I'm feeling anxious or fearful:

---

---

When I'm feeling overwhelmed:

---

---

### For Daily Maintenance:

Morning routine (what helps me start the day well):

---

---

Evening routine (what helps me wind down):

---

---

Weekly activities that boost my mood:

---

---

## MY SUPPORT NETWORK

### Emergency Contacts:

In crisis, I will contact:

1. Name: _____	Phone: _____
2. Name: _____	Phone: _____
3. Crisis Line: _____	Phone: _____

### Regular Support:

People I can talk to about everyday challenges:

- \_\_\_\_\_
- \_\_\_\_\_

Professional support (if applicable):

- Therapist/Counselor: \_\_\_\_\_
- Doctor: \_\_\_\_\_
- Other: \_\_\_\_\_

# Personal Wellness Plan Template



## MY SELF-CARE ESSENTIALS

Things I Enjoy (my go-to list for difficult times):

- 1.-
- 2.-
- 3.-
- 4.-

### Physical Wellness:

Exercise/Movement I enjoy:

- .....
- .....

Sleep hygiene practices:

- .....
- .....

Nutrition goals:

- .....
- .....

### Mental/Emotional Wellness:

Stress management techniques:

- .....
- .....

Mindfulness/Relaxation practices:

- .....
- .....

Learning/Growth activities:

- .....
- .....

### Social Wellness:

How I maintain relationships:

- .....
- .....

Social activities I enjoy:

- .....
- .....

# Personal Wellness Plan Template



## MY ACTION PLAN

When I notice warning signs, I will:

- Step 1: \_\_\_\_\_
- Step 2: \_\_\_\_\_
- Step 3: \_\_\_\_\_

If immediate strategies don't help, I will:

**Plan B:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan C:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For ongoing wellness, I commit to:

- Daily:  
\_\_\_\_\_  
\_\_\_\_\_
- Weekly:  
\_\_\_\_\_  
\_\_\_\_\_
- Monthly:  
\_\_\_\_\_  
\_\_\_\_\_

# Personal Wellness Plan Template



## MONITORING MY PROGRESS

### Weekly Check-in Questions:

- How did I handle challenging emotions this week?
- What coping strategies worked well?
- What didn't work as expected?
- What do I want to try differently next week?

### Monthly Review:

- Am I making progress toward my wellness goals?
- Do I need to adjust my strategies?
- What new resources or support do I need?
- What am I proud of accomplishing?

### Signs that I'm doing well:

- .....
- .....

### Signs that I need more support

- .....
- .....

## RESOURCES FOR ADDITIONAL SUPPORT

### Apps that might help:

- Headspace (meditation)
- Calm (relaxation)
- Insight timer (meditation)
- Sanvello (anxiety/mood tracking)
- Other:

### Books/Resources:

- .....
- .....
- .....
- .....
- .....

### Local resources:

- Community mental health center: .....
- Support groups: .....
- Recreational activities: .....
- Other: .....

## COMMITMENT TO MYSELF

### I commit to:

- Using this plan when I need support
- Being patient and compassionate with myself
- Seeking help when I need it
- Celebrating my progress, even small steps
- Reviewing and updating this plan regularly

**My signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: This is a living document. Review and update it regularly as you learn what works best for you. Your wellness plan should evolve as you grow and change.*