

# A Study on Clinical Anger Levels Among Undergraduate Psychology Students in the Amaravathi Region

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## Abstract

The present study aimed to assess anger levels among undergraduate psychology students using the Clinical Anger Scale (CAS). A total of 126 B.A. Psychology second-year students from institutions in and around the Amaravathi region participated in the survey. The sample was examined in relation to gender, locality, employment status, marital status, and educational level. Results revealed significant variations in mean anger scores across these groups, with higher scores observed among rural students, unemployed participants, unmarried individuals, and undergraduates. The study tested five hypotheses related to demographic differences in anger expression. Findings highlight the importance of targeted anger management interventions, particularly for high-risk subgroups. Implications for counseling and preventive mental health strategies are discussed.

**Keywords:** Anger Management, Gender, Locality, Employment, Marital Status, Education Level.

## 1. Introduction

Anger is a universal human emotion, ranging from mild irritation to intense rage, and is shaped by cognitive, behavioral, and physiological processes. While moderate anger can serve adaptive functions—such as signaling injustice or prompting corrective action—chronic or poorly regulated anger can lead to maladaptive outcomes. These include impaired academic performance, strained relationships, psychological distress, and heightened risks for physical health problems like hypertension and cardiovascular disease. University students, particularly those in the early stages of higher education, face multiple stressors such as academic pressure, career uncertainty, identity formation, and social challenges. In the Amaravathi region, where educational institutions cater to both urban and rural communities, diverse cultural, economic, and environmental factors intersect, potentially influencing emotional regulation, including anger expression.

The Clinical Anger Scale (CAS), developed by Snell et al. (1995), provides a reliable self-report measure for assessing the severity of clinical anger, enabling researchers to identify persistent patterns that may require intervention. Previous studies have shown that gender, locality, employment status, marital status, and educational attainment can significantly influence anger expression—males may externalize anger more than females, rural residents may experience higher anger due to environmental

stressors, unemployment can increase frustration, and higher education is often linked to better emotional regulation. However, little is known about how these factors interact in semi-urban and rural Indian contexts like Amaravathi. This study seeks to address this gap by examining clinical anger levels among undergraduate psychology students in the region, comparing differences across demographic groups, and providing insights that can guide targeted anger management programs and broader emotional health interventions in educational settings.

## 2. Literature Review

Anger is a complex emotional experience that can vary from slight annoyance to extreme rage, encompassing cognitive, behavioral, and physiological dimensions (Novaco, 2016). While it can be adaptive in signaling injustice or motivating corrective action, persistent or intense anger often leads to maladaptive outcomes, including strained relationships, poor academic performance, increased aggression, and higher risk of stress-related health issues (Spielberger et al., 1999). Accurate assessment is essential for intervention, and the Clinical Anger Scale (CAS), developed by Snell et al. (1995), offers a reliable measure for differentiating temporary emotional states from persistent anger syndromes. Demographic and socio-cultural factors—such as gender, locality, employment, marital status, and education—are known to influence anger expression, with males often showing more externalized anger, rural populations experiencing heightened anger due to socio-economic constraints, and unemployment or marital stress contributing to elevated anger levels (Deffenbacher et al., 1996; Krause, 2005; Paul & Moser, 2009; Bookwala, 2005).

Recent research provides deeper insights into these patterns. A 2025 meta-analysis in Scientific Reports found that maladaptive strategies like rumination, suppression, and avoidance are positively correlated with anger, while acceptance and cognitive reappraisal are linked to lower anger. Reviews of anger measurement tools reaffirm the CAS's utility, while meta-analyses highlight the effectiveness of cognitive behavioral therapy (CBT) in reducing anger and aggression. Other interventions, including cognitive bias modification (CBM) and mindfulness-based stress reduction (MBSR), also show promise for improving emotional regulation among young adults. Despite these advances, little research has examined anger in undergraduate populations from semi-urban and rural Indian contexts like Amaravathi. This study addresses that gap by assessing clinical anger levels among undergraduate psychology students and exploring demographic differences using the CAS as the primary tool.

## 3. Objectives

1. To compare clinical anger levels based on gender (Male and Female).
2. To examine the differences in anger levels by locality (Urban and Rural).
3. To assess the impact of employment status in anger levels (Employed and Unemployed).
4. To explore the relationship between marital statuses in anger levels (Married and Unmarried).
5. To analyze the differences in anger levels by education level (Graduate and Undergraduate).

## 4. Hypotheses

1. There will be no significant difference in clinical anger scores between male and female students.
2. There will be no significant difference in clinical anger scores between urban and rural students.
3. There will be no significant difference in clinical anger scores between employed and unemployed students.

4. There will be no significant difference between married and unmarried students in clinical anger scores.
5. There will be no significant difference in clinical anger scores between graduate and undergraduate students.

## 5. METHODOLOGY

### 5.1 Research Design

Descriptive Survey Method was used.

### 5.2 Sample

A purposive sample of 126 B.A. Psychology second-year students from colleges in and around the Amaravathi region, Andhra Pradesh. The sample included participants comprising 32 males and 94 females, from both urban (n = 55) and rural (n = 71) areas. Further classification was made based on employment status (employed = 79, unemployed = 47), marital status (married = 79, unmarried = 47), and educational qualification (graduate = 39, undergraduate = 87).

### 5.3 Tool Used

The Clinical Anger Scale (CAS), developed by Snell, Gum, Shuck, Mosley, and Hite (1995), is a self-report tool created to assess the severity of clinical anger symptoms. The scale consists of multiple items rated on a 4-point scale (0 to 3), with higher scores indicating greater severity of anger.

### 5.4 Data Analysis

Mean, Standard Deviation, and independent-samples t-test (Welch's t-test where variances were unequal) were used for analysis. The significance levels were tested at 0.05 and 0.01.

## 6. Results Analysis

**Table 1: Summary of Mean, SD and t-values**

Comparison	N1	Mean1	SD1	N2	Mean2	SD2	t-value	Significance
Male & Female	32	72.75	12.00	94	66.91	14.00	2.276	P<0.05
Urban & Rural	55	54.42	11.00	71	79.20	13.00	11.579	P<0.01
Employed & Unemployed	79	57.00	10.00	47	82.30	15.00	10.283	P<0.01
Married & Unmarried	79	75.30	13.00	47	56.83	12.00	8.097	P<0.01
Graduate & Undergraduate	39	58.40	11.00	87	73.20	13.00	6.589	P<0.01

## 7. Interpretation

1. **Gender:** Males scored significantly higher on anger than females ( $p < .05$ ), indicating a small but notable difference in clinical anger expression.
2. **Locality:** Rural students had substantially higher anger scores than urban students ( $p < .01$ ), suggesting that environmental or socio-economic stressors may influence anger intensity.
3. **Employment:** Unemployed students had much higher anger scores than employed students ( $p < .01$ ), possibly reflecting frustration due to lack of financial independence or future uncertainty.

4. **Marital Status:** Married students showed higher anger levels than unmarried students ( $p < .01$ ), contrary to expectations; this may be linked to relationship stress or multiple role burdens.
5. **Education Level:** Undergraduates reported significantly higher anger than graduates ( $p < .01$ ), supporting the idea that maturity and advanced education contribute to better emotional regulation.

## 8. Discussion

The present findings align partially with previous research linking gender, locality, employment status, and education level to anger differences. The observed gender difference, though modest, is consistent with studies showing men may externalize anger more than women (Deffenbacher et al., 1996). The strong rural–urban difference corroborates literature indicating rural populations face compounded stressors such as limited mental health resources and socio-economic challenges (Krause, 2005).

The large gap between employed and unemployed students mirrors earlier findings that joblessness correlates with psychological distress, irritability, and reduced self-worth (Paul & Moser, 2009). The unexpectedly higher anger levels among married students contradict some prior studies, suggesting marital stress or unmet expectations may be a factor in this cohort. Finally, the education-level difference supports evidence that greater academic experience may improve coping and emotional regulation skills.

## 9. Educational Implications

1. **Targeted Anger Management Programs:** Colleges should design specific anger control interventions for rural, unemployed, and undergraduate students.
2. **Counseling Services:** Expand access to on-campus mental health professionals who can address chronic anger issues.
3. **Skill Development Workshops:** Include stress management, problem-solving, and emotion regulation modules in the curriculum.
4. **Peer Support Groups:** Facilitate peer-led discussion groups for married students or those with high family responsibilities to share coping strategies.
5. **Career Guidance:** Provide employment-related skill development and career counseling to mitigate anger linked to job insecurity.

## 10. Limitations

1. **Sample Specificity:** The study involved only B.A. Psychology second-year students in one region, limiting generalizability.
2. **Cross-sectional Design:** Findings represent a single point in time and cannot establish causation.
3. **Self-report Measure:** Responses may be influenced by social desirability bias or under/over reporting of anger.
4. **Uncontrolled Variables:** Factors like socio-economic background, family structure, and personality traits were not examined.

## 11. Conclusion

The present study examined clinical anger levels among undergraduate psychology students in the Amaravathi region using the Clinical Anger Scale. Analysis revealed significant variations in anger scores across demographic groups, with rural, unemployed, and undergraduate students exhibiting the

highest levels of clinical anger. Gender differences, though modest, indicated slightly higher scores among males, while an unexpected finding showed married students reporting greater anger than their unmarried counterparts. These results highlight the influence of socio-demographic factors on anger expression and regulation, with rural residence, unemployment, and lower academic level emerging as strong predictors of elevated anger. The findings underscore the need for targeted anger management initiatives, expanded counseling services, and skill-based emotional regulation training within higher education. Implementing such measures can enhance students' emotional well-being, improve academic performance, and support their overall personal and professional development.

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