

Effectiveness of Anger Management Skills Training on Aggression Among Adolescents

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Abstract

Introduction: Anger is an emotion that motivates and energizes us to act. It can drive destructive behaviour, but can also energize people to make constructive changes. Emotions such as joy, anger, sadness, and happiness often occur in our daily lives. Emotional reactions are particularly common in adolescents who are undergoing rapid physical, psychological, and social development. Therefore, if adolescents can express and manage their emotions effectively, their psychological health and interpersonal relationships will improve.

Methodology: A quantitative research approach was used with a one-group pre-test post-test design for the study. The sample size was 80 adolescents. Non-Probability Purposive sampling technique was used to select the samples. Data were collected using demographic variables, the Modified Buss and Perry Aggression Questionnaire, and a 5-point Likert scale. The pilot study was done at GSSS, Summerhill, and Shimla. The final study was done at GSSS, Totu, and Shimla. Data analysis was done by using descriptive and inferential statistics.

Results: The results of the study revealed that the mean pre-test aggression score was 90.85 with a standard deviation of 11.13, and the post-test aggression score was 66.06 with standard deviation of 8.33. Results showed that the mean post-test aggression score was lower than the mean pre-test aggression score at paired t-value = 23.338 which was significant at 0.05 level of significance. There was no significant association of aggression score among adolescents with selected demographic variables.

Conclusion: The study concluded that the Anger Management Skill Training Program was effective to reduce the aggression among adolescents, which helped the adolescents to manage anger/aggression effectively and assertively.

Keywords: Effectiveness, anger, management, aggression, adolescents, selected school.

INTRODUCTION:

As we move through our daily lives, we experience a variety of emotions. An emotion is a subjective state of being that we often describe as our feelings. Typically, the word emotion indicates a subjective, affective state that is relatively intense and that occurs in response to something we experience. Emotions are subjective experiences that consist of physiological arousal and cognitive appraisal. Various theories have been put forward to explain our emotional experiences. The James-Lange theory asserts that emotions arise as a function of physiological arousal. The Cannon-Bard theory maintains that emotional experience occurs simultaneously with and independent of physiological arousal. The Sc-

hachter-Singer two-factor theory suggests that physiological arousal receives cognitive labels as a function of the relevant context and that these two factors together result in an emotional experience. [1] Emotions such as joy, anger, sadness, and happiness often occur in our daily lives. Emotional reactions are particularly common in adolescents who are undergoing rapid physical, psychological, and social development. Therefore, if adolescents can express and handle their emotions well, their psychological health and interpersonal relationships will be enhanced. [2]

Anger and aggression are closely related phenomena, and it is not possible to discuss one without the other. Yet, not all anger is aggressive, nor can all aggression be attributed to anger. Therefore, somewhat different considerations apply to each. [3]

Anger is a type of feeling, whereas aggression is a type of behaviour. However, the two are frequently confused with each other. At different times, individuals use their anger as a reason to act in an aggressive way. Anger is an acceptable feeling, simply like bliss or sadness. Everybody feels angry once in a while. However, numerous individuals deny that they ever feel angry. For others, they have a tendency to wind up being angry to conceal different sentiments and emotions, for example, hurt and sadness. Angry sentiments can discharge endorphins, which are very powerful chemicals inside the body. This rush of energy can help individuals to alleviate themselves from feeling sad or hurt.

Childhood aggressive behaviour is considered a risk factor for adulthood violence and criminal behaviour. Uncontrolled anger is a contributing factor to adolescent deaths due to homicide, suicide, and injuries. Anger is a strong emotional predictor of violence, which has a strong correlation with cognitive distortion. Anger contributes positively to physical and verbal aggression. Schools and colleges across the globe are witnessing a massive rise in anger-related behaviours and conduct disorders. About 58% of public schools recorded incidents of physical attack or fight without a weapon. [4]

Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Adolescence is the phase when individuals have multiple things in their mind and feel immense energy in themselves which they need to utilize or express in some way. Many a time, this expression is not direct and comes out in the form of aggression. [5]

Although anger is a human instinct that is important for survival and health, but when aggressive behaviours are increased, the relationship between the individual and the environment, and even himself/herself, will be deviated from the right path. Avoiding aggression seems almost impossible, so for people to act effectively in different situations, it is necessary to learn how to control anger to prevent more complex issue

Need for the study

Anger is a normal human emotion that motivates individuals to act in order to achieve what we didn't do due to varied reasons. Aggression is a result of the escalated form of anger, which is associated with the physical behaviour that intends to cause harm to someone or something [6]

Adolescents differ from adults in their ability to read and understand emotions in people's faces. Adults use the prefrontal cortex or "thinking part" of the brain to read emotional cues, but teenagers rely on the section called the amygdala or "emotion center." The amygdala processes emotional reactions such as "fight or flight," causing teens to react atypically and display anger aggressively, [7]

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to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Adolescence is the phase when individuals have multiple things in their mind and feel immense energy in themselves, which they need to utilize or express in some way. Many a time, this expression is not direct and comes out in the form of aggression [8]

Higher anger aggression scores were observed in males than females, and also in the age group of 16-19 years. Indian alcohol-dependent youths reported low levels of anger control, high levels of trait anger, and poor quality of life. [9]

Thus, this may suggest that anger is a predictor of aggressive behaviours, violence, alcohol, substance abuse, crime, homicide, and a major risk factor of various issues related to the health of adolescents, but it has not gained that much attention from researchers to investigate it as a primary variable rather than taking it as a comparative construct or just a risk factor.

Objectives:

1. To develop and administer an aggression scale among adolescents and select highly aggressive adolescents or adolescents who got a higher score on the aggression scale.
2. To develop and administer the Anger Management Skill Training Program for the reduction of aggression among adolescents.
3. To assess the effectiveness of the Anger Management Skill Training Program on the reduction of aggression among adolescents.
4. To find out the association of aggression score regarding Anger Management Skill Training Program on the reduction of aggression among adolescents with selected demographic variables.

Methodology:

A pre-experimental study (One Group Pre-test Post-test Design) was used in the present study. A total of 80 adolescents were selected as the study sample by using a non-probability purposive sampling technique from GSSS, Totu, Shimla. Written permission was obtained from the Deputy Director of Higher Education, Shimla, before proceeding.

The research tool was developed and validated by 11 experts from the nursing field, with a reliability $r = 0.763$, making it feasible for application. Research tool consisted of 2 sections, section A dealt with demographic variables (age, gender, place of living, class, religion, number of siblings, type of family, staying with, education status of father and mother, occupation status of father and mother, monthly income, leisure time utilization, generally get into fights or hot arguments with parents/friends/others, usually shown anger towards, able to control anger/aggression).

Section B included the Modified Buss and Perry Questionnaire (sometimes referred to as the AGQ or simply the Aggression Questionnaire). It is an item questionnaire in which participants rank certain statements along a 5 point continuum from “strongly disagree” to “strongly agree”. A total of 29 items /statements were formulated according to anger and aggression criteria.

The sum total of all statements' responses was evaluated on 3 levels of aggression i.e., $< \text{or} = 73$ means Mild Aggression, 74 to 108 Moderate Aggression, 109 to 145 indicating Severe Aggression. Data collection was done in 3 phases: phase 1 included pre-test assessment by administration of research tool to screen the sample on day 1, followed by phase 2 i.e. introduction of anger management skill training as an intervention for 10 consecutive days and phase 3 composed of post test evaluation after one week

of intervention. The collected data was analysed by using suitable descriptive statistics and inferential statistics and was presented in the form of suitable graphs and tables.

Results

With regard to Age (in years), the majority of adolescents i.e. 25 (31.3%) were of 16 years, most of them were females, 44 (55.9%). According to place of living, majority of the adolescents i.e. 39 (48.8%) were from rural area. In context of class, majority of adolescents i.e. 26 (32.5%) were in the 11th standard. In the context of family monthly income, the majority of adolescents, i.e., 48 (60.0%) have a 20,001-30,000 family monthly income. The majority of adolescents, i.e., 36 (45%), utilized their time by listening to music. With regard to leisure time utilization, the basis of getting into fights, the majority of adolescents, i.e., 43 (53.75%), said no. With regard to shown anger towards, the majority of adolescents, i.e., 23 (28.8%) has shown anger towards objects.

In the context of being able to control anger/aggression, the majority of adolescents i.e., 43 (53.75%) were able to control anger/aggression.

Table 1: Depicts Association of Post-test Aggression scores with selected demographic variables

Variable	Mild	Moderate	Severe	χ^2	df	P Value
Age (12–19 yrs)	63	21	0	11.205	7	0.130NS
Gender (M/F)	25/35	11/9	0	1.077	1	0.299NS
Living Area (R/U/SU)	29/28/3	10/7/3	0	2.475	2	0.290NS
Class (8th–12th)	16,17,16,3,8	3,9,2,4,2	0	7.984	4	0.092NS
Religion (H/M/S/C/O)	58/0/1/0/1	20/0/0/0/0	0	0.684	2	0.710NS
Staying With	53/2/0/5	14/3/1/2	0	6.916	3	0.075NS
Leisure Activity	3,11,27,0,1,18	2,1,9,2,0,6	0	8.711	5	0.121NS
Gets into Fights (Y/N)	27/33	10/10	0	0.151	1	0.698NS
Shown Anger Towards	13,19,13,15,0	6,3,3,8,0	0	3.461	3	0.326NS
Able to Control Anger (Y/N)	33/27	10/10	0	0.151	1	0.698NS

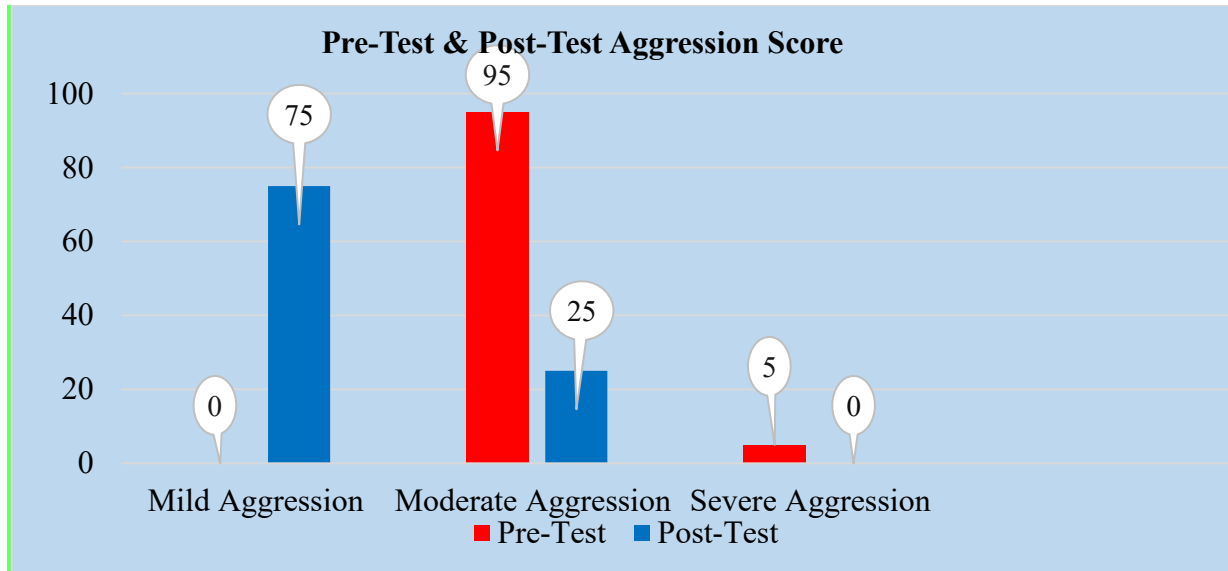
Abbreviations: M = Male, F = Female, R = Rural, U = Urban, SU = Semi-urban

N=80 *Significant at level of 0.05

Regarding frequency and percentage distribution of pre-test aggression score, majority of adolescents i.e. 76 (95%) had moderate level of aggression. Related to frequency and percentage distribution of post-test aggression score, majority of adolescents i.e. 60 (75%) had mild level of aggression. With respect to comparison of mean pre-test and post-test aggression score, Mean post-test aggression score, i.e. 66.06

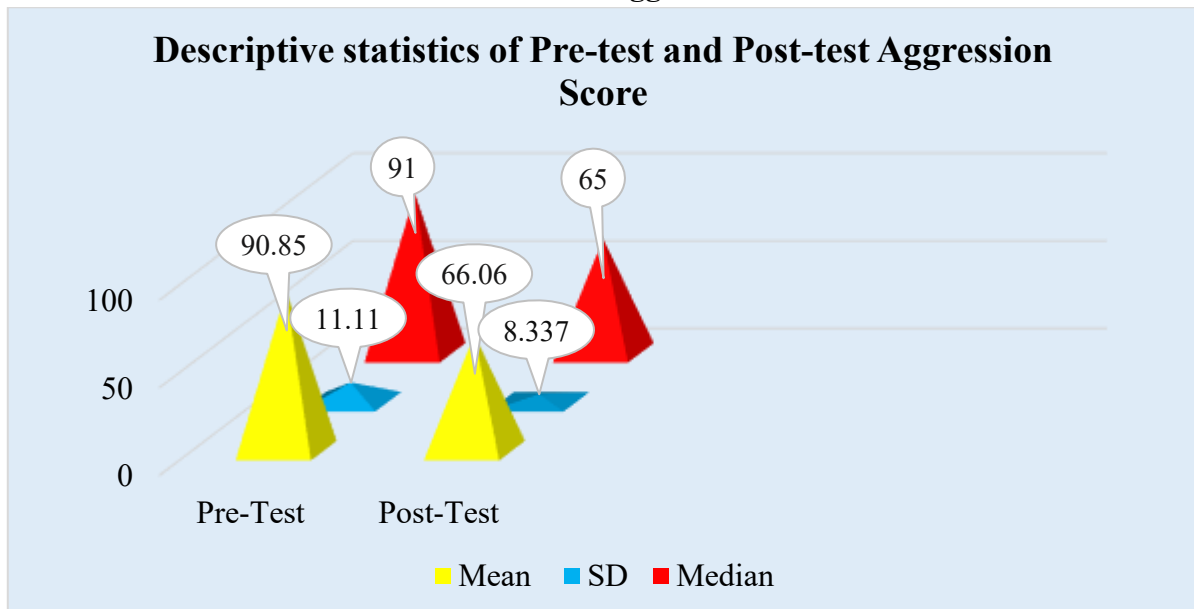
was significantly lower than the mean pre-test aggression score i.e. 90.85 as evident from paired t-test value 23.338 at 0.05 level of significance.

Fig. 1 Depicts bar diagram regarding percentage distribution of Pre-test and Post-test Aggression Score.



In Pre-test, mean score was 90.85, standard deviation was 11.11, median was 91 whereas in post-test mean score was 66.06, standard deviation was 8.337 and median was 65.

Fig. 2 Depicts pyramid diagram regarding frequency distribution of Descriptive statistics of Pre-test and Post-test Aggression Score



Overall pre-test mean aggression score was 90.85, Standard Deviation 11.11, whereas, post-test mean aggression score was 66.06, Standard Deviation 8.33 with 't' value 23.338 and P value 0.00*. This result has shown that there was a statistical difference in the reduction of aggression at $p < 0.05$. Mean post-test aggression score, 66.06 was significantly lower than the mean pre-test aggression scoring i.e. 90.85 as evident from t-test value 23.338 at 0.05 level of significance.

With respect to association, pre-test aggression score among adolescents was significantly associated with Class ($\chi^2 = 21.880$, $df = 8$) at p value < 0.05 , Mother's education status ($\chi^2 = 27.525$, $df = 8$) at p value < 0.05 .

No significant association was found in Post-test aggression score among adolescents with selected demographic variables.

Discussion:

The present study was conducted to assess the effectiveness of the Anger Management Skill Training Program on the reduction of aggression among adolescents in a selected school, Shimla, H.P. The overall Pre-test aggression score among adolescents revealed that the majority of adolescents, i.e., 76 (95%), were moderately aggressive, and 4 (5%) were severely aggressive. The present study findings were supported by a cross sectional study conducted by Sidhu TK, Kaur P, Sangha NK, Bansal AS (2019) to assess the prevalence of aggression among adolescents in Bathinda district of Punjab. The study findings revealed that the prevalence of aggression among adolescents was 51.9% with a total mean aggression score of 83.81, suggesting that interventions are needed to reduce the levels of aggression among adolescents and provide them with a good future. [10]

The overall mean post-test aggression score among adolescents revealed that, majority of adolescents, i.e., 60 (75%), had a mild level of aggression, and 20 (25%) had a moderate level of aggression. Hence, the Anger Management Skill Training Program was found to be effective in reducing aggression among adolescents. The present study finding was supported by a study conducted by Kumar Sella (2017) in Tamil Nadu, in the form of an experimental investigation to examine the effectiveness of the anger reversal technique to manage anger among adolescent school students. The study findings have shown that the mean pre-test aggression score of the experimental group was 20.96, and after administration of the anger reversal technique, the mean post-test aggression score was reduced to 16.46, indicating that the said intervention was effective to reduce aggression among school going adolescents.[11]

The effectiveness of the "Anger Management Skill Training Program" was assessed by comparing pre-test and post-test Aggression scores by using paired-t test. Overall pre-test mean aggression score was 90.85, Standard Deviation was 11.11, whereas, post-test mean aggression score was 66.06, Standard Deviation was 8.33 with paired 't' value 23.338 and P value 0.00*. This result has shown that there was a statistical difference in the reduction of aggression at $p < 0.05$.

Based on the paired t-test result, the calculated value (23.338) was more than the table value (1.99). The present study findings were supported by the study conducted by T. Harooni Mohammad Kazem Zarabian, Ashraf Sadat Mousavi. It was a quasi-experimental study to investigate the effect of an anger control training program on resilience, hardiness and general health of school girls in Tehran, Iran. The study findings showed a significant difference in the scores of 3 measurement phases ($P < 0.05$). These results indicate the group anger control training was effective in increasing the resilience, hardiness, and general health level of students. [12]

The data analysis revealed that the association of frequency, percentage and chi square distribution of pre-test aggression score has shown a significant association with class ($\chi^2 = 21.880$, $df = 8$) and mother's education status ($\chi^2 = 27.525$, $df = 8$) at p value < 0.05 , whereas, association of post-test Aggression score with any of the selected demographic variables (age in years, gender, place of living, class, religion, number of siblings, type of family, staying with, father's educational status, mother's educational status, father's occupational status, mother's occupational status, total monthly income, leisure time utilization,

generally get into fights, shown anger towards and able to control anger/aggression) was not statistically significant at $p < 0.05$.

The present study finding was supported by Pathak Tanishka, Kaur Rajwant (2018), a study to assess the level of Aggression and the effectiveness of Planned Teaching Program on Aggression Management in terms of Knowledge among adolescents at selected school of Delhi. The research approach adopted was Experimental and the design adopted was Pre experimental one group Pre-Test and Post-Test design. The study findings showed that there was no significant association of the Aggression Scores with the selected Demographic Variables i.e. Age, Gender, Order of Birth, types of Family, Education of Father, Education of Mother, Family income per month in rupees, No. of Siblings, Occupation of Father, and Occupation of Mother. [13]

The present study findings are opposed by the results of a cross-sectional study conducted by Kumari S, Kishore Jugal, Mandal RK (2015), which has shown a significant association of aggression score with gender at $p=0.004$, concluding that males were more aggressive than females.

Table : 2 Recommendations from authors

Area	Implications
Nursing Education	Nursing educators can encourage student nurses to organize health education programs regarding anger management. Since adolescence is a crucial stage of life, problems with anger regulation may negatively affect educational, vocational, residential, and social functioning.
Nursing Practice	Assertiveness is essential for smooth communication within the workplace, with patients, and with team members. Through anger management skills, nurses can effectively manage their own anger and others' aggression, while also teaching others how to regulate anger assertively.
Nursing Administration	Nurse administrators should anticipate the need for effective communication training and motivate nurses to develop these skills. Higher-level nursing administrators should conduct discussions and meetings focused on emotional regulation, particularly anger and aggression.
Nursing Research	The findings suggest that educators and researchers should encourage nurses to participate in research studies. Anger Management Skill Training Programs can help strengthen nursing knowledge and practice.

Conclusion

The current study was to assess the effectiveness of the Anger Management Skill Training Program on the reduction of aggression among adolescents at the Government. Sr. Sec. School, Totu, Shimla, H.P. The aggression score was found to be lower than the pre-test score after administration of the “Anger Management Skill Training Program”. Hence, “Anger Management Skill Training Program” was found to be effective in the reduction of aggression among adolescents.

Conflict of Interest: None

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