



Management of Anger with Anger Reversal Technique among School Going Adolescents

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ABSTRACT

An experimental investigation was attempted to examine the effectiveness of Anger Reversal Technique to manage anger among adolescent school students. One group pretest post-test experimental design was adopted. Speilberger's State Anger Scale was administered to assess the level of anger. A random sample of 50 male and 50 female adolescents were drawn from a selected higher secondary school located in Gondar Town, Ethiopia. Selected participants were randomly assigned to experimental and control groups. Anger reversal technique was administered for a period of 45 minutes/day for 45 consecutive days. A post test was conducted to ascertain the efficacy of anger reversal technique. Repeated measures ANOVA was worked out with SPSS 17 version. The result revealed that there is a significant decrease in the level of anger after anger reversal technique among adolescent students. Therefore, this intervention technique is effective in managing anger it can be adopted and employed to control anger among school students.

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Keywords:

Efficacy, Anger, Anger reversal technique, Adolescence, School students

1. Introduction

Anger is mostly identified and underlying factor for any type of criminal act or violence. Anger can be interpreted as a subjective emotional state comprising of increased physiological arousal and cognition antagonism. Anger state is identified as an impulse to be and may be casual determinant of aggressive or violent behavior, recognized as natural and adoptive emotional state. Anger has been studied in a wide range on its experience and expression in different populations (Kassinove, 1995). The concept of anger is an emotional state that consists of feelings, varies in intensity, from mild irritation or annoyance to intense fury and rage (Speilberger, 1988). Although "hostility" involves feelings of anger, this concept of connotation has the complex set of attitude that motivate aggressive act directed towards destruction of objects or people. Similarly, anger and hostility can also be referred as feelings and attitudes whereas the concept of 'aggression' generally implies destructive or punitive behavior directed towards other persons or objects. Anger is a form of frustration and violence is a form of aggressive behavior manifested in adolescent with intimate relationship and exhibited during dating situations (Mohan, 2003). Uncontrolled anger causes serious problems to others and also to one who expresses and experience. Hence, managing anger is much important and some people do not control anger due to factors such as biological, psychological or situational that is inclined to become aggressive personality. Eventually, uncontrolled anger produce ill effects to an individual's physical, psychological and social functioning.

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Individuals who are well-equipped to deal with the emotional problems may express anger in an adaptive manner and avoid facing varieties of problems. Aggression, depression, and suicide are a few of the major consequential problems related to anger. However, it is not limited to the understanding of the impact of anger, further it is also important to understand the reason why youth are more likely to experience anger. Positively or negatively, social support, bullying, family interactions, personality, and home environment have been identified as contributing factors for encountering anger (Navis, 2012).

The National Center for Education Statistics (2010) reported that about 1.9 million crimes occurred in elementary and secondary schools throughout the nation, meaning about 40 students per 1,000 were victims of some type except bullying or cyber-bullying. According to institute of education and science, , 28 % of students ages 12-18 reported feeling bullied by one or more of their peers in 2009. Anger is also linked with other serious problems like depression, suicide, and substance abuse (Daniel, Goldston, Erkanli, Franklin, & Mayfield, 2009). Problems of this magnitude often affect a student's ability to meet their full potential. Deffenbacher, Lynch, Oetting, and Kemper (1996) suggest that individuals with high trait anger are more likely to have interpersonal problems, academic difficulties, and conflict in their jobs. On the other hand state anger is also found among youths originate due to situational factors such as school environment, peer group interaction, home culture, conflict between elders, frustration, failures etc. Frequent and persistent exposure to such situations may instill in an individual to act aggressively.

Excessive anger can foster health problems, may damage interpersonal relationships, impair the ability to work productively, and may lead to or exacerbate health problems (Averill, 1982; Novaco, 1976; Scherwitz & Rugulies, 1992). Skill training and relaxation methods were most commonly employed traditional techniques in treating individuals with anger and its related problems (Brondolo, 1997).

Anger management training can decrease the aggressive behavior of at-risk students in the short-term. Students trained in anger management have been found to decrease their disruptive and aggressive behaviors both at home and in the classroom, and exhibited greater self-control (Feindler, Marriot, & Iwata, 1984).

Lollis, Johnson, Antoni, and Hinkle (1996) also reported anger can be associated with high risk behavior. Anger is a negatively toned emotion, subjectively experienced as an aroused state of antagonism towards someone or something perceived to be the source of an aversive event. Anger, aggression and hostility have been found to be personality features of most of the chronic illness. Anger directed towards others may be expressed in physical acts such as assaulting other persons, destroying objects and slamming doors, verbal threats and the extreme use of profanity (Speilberger et al., 1983). Other than these behavioural manifestations poor anger control affects normal social functioning. Anger regulation is one amongst the cognitive behavioural skills to be taught for effective functioning in the social environment and to manage anger provoking situations. Learning anger regulation skill will help individual to exhibit anger reaction to appropriate situation and also in a healthy manner.

Deficits in anger regulation often have a negative impact on their educational, vocational, residential, and social functioning (Black & Novaco, 1993). More specifically, individuals engage in service oriented professions are vulnerable group easily express or outburst anger. Anger difficulties can also result in significant problems for hospital staff and service providers, such as increased risk of injury, increased financial cost (e.g., workers' compensation claims), decreased job satisfaction, and high employee turnover (Taylor, Novaco, Gillmer, & Thorne, 2004). Uncontrolled and unidentified anger has direct impact on normal physiological functions and has the risk of life threat and social destruction. And also this may lead to the development of anti-social personality. Persistent anger expressive behavior jeopardizes healthy social interaction and interpersonal communication in the family, workplace and society.

Explicit excessive anger expressions such as biting teeth, shouting, attacking, kicking, feeling irritation, high pitched voice, excessive secretion of some hormones, elevation in blood pressure, heart rate, dilution of eye, increasing pulse rate are the implicit emotional reactions may cause life risk. Exaggerated anger or aggressive behaviour has been posing great threat to the development of the individual. The breathing pattern and the skeleto-muscular reactions elicited along with the expression of the emotion of anger, when rehearsed in a controlled manner can help gain voluntary control of the emotion of anger (Ganesan & Ganesan, 1985).

Anger control mechanism can be taught to individuals to cope up with situation when he /she experience anger and even the individuals with predisposed characteristics frequently elicited anger reactions can be treated with behavior modification technique/ behavior therapy. A specific or combination of behavior therapies based on learning principles has been applied and achieved positive outcome in alleviating behavioural problems such as anxiety, phobia, psychosomatic disorders, sexual dysfunctions, anger, eating disorders, stress, adjustment problems etc.

Anger management ability is one such possible mediating variable and is sometimes a component of treatment programs for violence offenders (Catherine A. Turcotte-Seabury, 2010). Modified treatment interventions based on the theoretical underpinnings of Novaco's model of anger (Novaco, 1976) were found beneficial in numerous case studies and clinical groups (Benson, Johnson- Rice, & Miranti, 1986; Murphy & Clare, 1991; Rose, 1996).

Puskar, Bernardo, Haley, & Hetager Stark (2008) found that the more negative life events an adolescent experiences, the more likely they are to experience and express anger and also adolescents who had higher perceived family and teacher support were less likely to express anger.

Cognitive behavioural approach revealed a significant improvement in anger regulation and decrease in client's anger behavior (Jones, et al, 2006).

Mohan and Bedi (2010) found HIV/AIDS positive individuals scored relatively higher in state anger and trait anger rather than state anger alone. Anger management training comprising number of possible components that includes relaxation training, social skills training and cognitive restructuring, and that these various components may have differential effects on the different dimensions of anger (Edmondson & Conger 1996).

Aggression is a learned behavior, anger control training is also employs a learned behavior that reduced aggression. Anger management skill training enhanced social adjustment among students and enhanced students' mental health (Foumany & Slelahi, 2013); decreases anger and aggressive behavior and it resulted increased social adjustment (Arefi, 1999; Navidi , 2006; Maleki, 2006). Other studies by Kellner et al. (1995), Herrmann et al., (2002), and Burns et al. (2003) revealed anger control training decreased aggression and ultimately social adjustment and social skills improved.

Rafezi (2004) revealed anger control training has a permanent and greater influence on aggression reduction. Anger management training reduces violence in couple's relationship and prevents mental and physical consequences of violence (Mohammadi, 2006).

Management of Exaggerated Anger

The intensity of anger is disproportionate and exaggerated to the stimulus and lasts for more than 3 minutes. Any thought, word or action that hurts "self" or "others" is indicative of exaggerated anger. Practice of this technique helps the individual to regulate and extinguish exaggerated anger and short temperedness. Persons having suicide ideation (or attempt) or semination, homicidal attempts or rumination, injurious (self or other) behaviour, non-assertive behaviour, depression, social withdrawal, inferiority complex can benefit with this technique (Ganesan & Ganesan, 1985).

This piece of investigation intended to identify the students with high level of anger by securing above average score in the anger assessment scale and impart anger reversal technique to manage anger and at last to evaluate the efficacy of this intervention. This was examined among adolescent school students, since this stage is a crucial period in the developmental stage. Specifically, adolescents are vulnerable to stress and strain and they encounter role confusion which is referred as a crucial period.

2. Method

2.1. Design

One group pre-test post-test control group design was employed to evaluate the efficacy of anger reversal technique to reduce anxiety.

2.2. Participants

Among 500 adolescent high school students population a sample of (N=100) students were recruited for the study. Among them 52 were boys and 48 were girls. To maintain ethical standards, an informed consent was obtained from the participants. Followed by the level of anger was assessed through administering a questionnaire. Then after equal number of participants were randomly assigned to training group and control groups.

2.3. Measures

Speilberger's State Anger Scale (1983) was administered to measure the level of state anger. The questionnaire consist of 10 items of statements measures the level of state anger with 4 point likert scale namely Almost Never, Sometimes ,Often and Almost Always.

Scoring: The scores are given as Almost Never =1, Sometimes =2, Often =3 and Almost Always = 4. The minimum possible score is 10 and maximum is 40, higher the score denotes higher the state anger and lesser the score is less anger.

2.4. Anger Reversal Technique

This technique was developed by Ganesan (1985). This technique helps in regulating one's own anger level. Practicing the behavioural rehearsal exercise described and recommended below by the author helps to manage anger. The steps of this technique as follows

Step - I: Be seated on a chair, stool or bench - press your feet strongly over the floor. Experience the muscle tension in your calf muscles and thigh muscles.

Step - II: Clench your fists, with the elbows bent and forearms parallel to the floor. Experience the muscle tension in the fists, forearms, upper arms, shoulders and chest.

Step - III: Bite the teeth. Experience the tension in the jaw muscles.

Step - IV: Open the eyes as widely as possible, raise the eyebrows and stare straight, in line with your eyes.

Step - V: Bite the teeth and breathe through the teeth and nostrils, noisily and swiftly.

Step - VI: Give a command to yourself as follows: Call yourself by 'your name' and say for example: "Ram / Sita – Get ready and get angry" - Follow this by adopting all the above six steps (Steps I - VI) simultaneously. Maintain this behaviour for 15 seconds.

Step- VII: Call yourself by your 'name'; again and say for example: "Ram or Sita – Reduce anger and relax" - Follow by simultaneously closing your eyes and lips, breathing deeply, relaxing your fingers and toes and hanging the head down. Experience the relaxation for 45 seconds.

Repeat the steps VI and VII, ten times.

Follow this by total relaxation of the body by lying down on the back, keeping the hands by the sides with palms facing up, fingers let loose, and legs kept apart with 12 inches between heals. Relax the fingers and toes and slowly exhale and inhale for a period of 15 minutes.

This above procedure develops a voluntary control over once's ability to "switch on", "increase", "stop" and "reverse" anger related psycho-neuro-muscular-endocrinal responses. This technique also helps in developing an awareness of one's feeling of anger, and the client starts observing, and experiencing of the psychological and physiological responses related to anger. One's emotions can be regulated with high focused conscious and awareness. This technique can be used effectively in helping people suffering from the problem of shyness.

2.5. Technique for Change of Direction of Aggression

This technique convert intra punitive aggression into extra punitive, intra punitive aggression refers to aggression directed towards oneself in order to hurt him / her. This endanger even from simple "self-hurt" to

serious problems like "suicide". These kind of behavioural manifestations are psycho-neuro-endocrinologically conditioned. Therefore, practicing this technique as reversing these behaviours will counter conditioned and subsequently previously conditioned responses are extinguished. Subsequently, new connection strength is established between stimulus and response (Ganesan & Ganesan, 1985).

3. Results

Table 1. Shows the significant difference between experimental and Control groups before Anger Reversal Technique.

Groups	N	Mean	SD	Std. Error Difference	Mean Difference	t	df	Sig.
Experimental	50	20.96	4.91	1.03	.70000	.673	98	.117
Control	50	20.26	5.46					96.949

The above table indicates the significant difference between experimental and control groups before anger reversal technique. The result indicates there is no significant difference between experimental and control groups before anger reversal technique ($t=0.67$, $p>0.05$). Before application of anger reversal techniques both group were homogeneous. Hence, the hypothesis "There is no significant difference between experimental and control groups before anger reversal technique" is accepted.

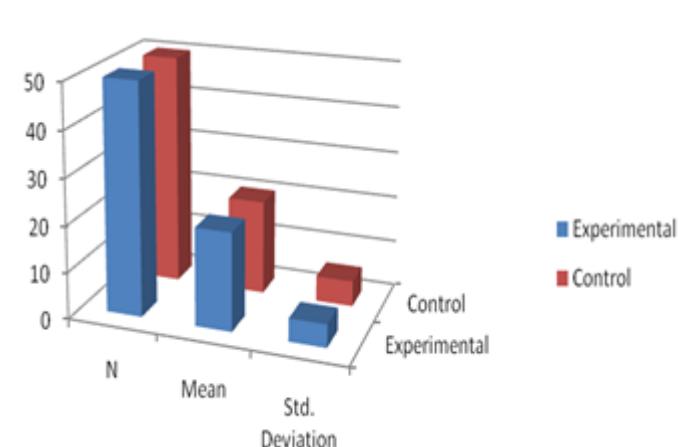


Figure 1.

Table 2. Shows the significant difference in the Experimental group before and after anger reversal technique

Conditions	Mean	N	SD	Std. Error Mean	t	df	Sig. (2-tailed)
Before	20.9600	50	4.91960	1.458	3.085	49	0.003
After	16.4600	50	9.60274				

The above table shows the significant difference in the experimental group before and after anger reversal technique. The result reveals that there is a significant difference between before and after reversal technique

($t=3.08$, $p<0.01$). Hence, the hypothesis “There is a significant difference in the experimental group before and after anger reversal technique” is accepted.

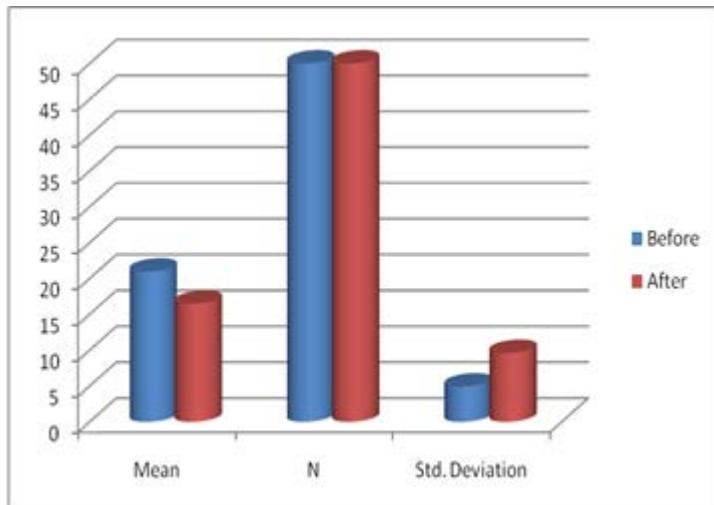


Figure 2.

Table 3. Shows the significant difference before and after anger reversal technique among control group

Conditions				Std. Error Mean	t	df	Sig. (2-tailed)
	Mean	N	SD				
Before	20.26	50	5.46159	.28376	-.423	49	.674
After	20.38	50	4.35604				

The above table shows the significant difference in the control group before and after anger reversal technique. The result reveals that there is no significant difference before and after anger reversal technique ($t=0.423$, $p>0.05$). Hence, the hypothesis, “There is no significant difference in the control group before and after anger reversal technique” is accepted.

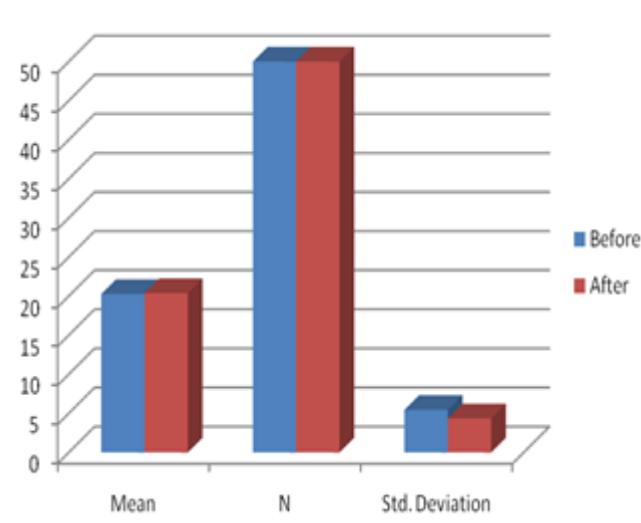


Figure 3.

Table 4. Shows the significant difference between experimental and control group after anger reversal technique

Groups	N	Mean	SD	Std. Error	Mean Difference	t	df	Sig.
Experimental	50	16.4600	9.60	1.35	-3.92	-2.62	98	.305
Control	50	20.3800	4.35	.616				

The above table shows the significant difference between experimental and control groups before and anger reversal technique. The result reveals that there is no significant difference in the level of anger after anger reversal technique ($t=2.62$, $p>0.05$). Hence, the hypothesis "There is no significant difference between experimental and control groups after anger reversal technique" is rejected.

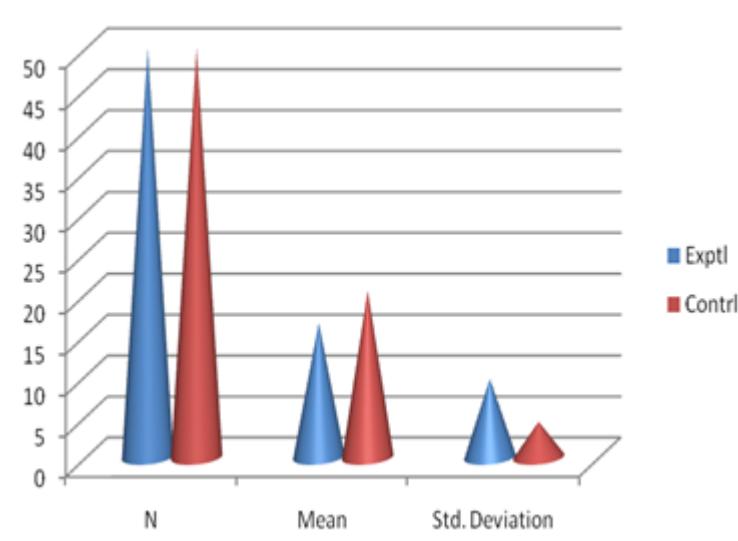


Figure 4.

Table 5. Shows the significant difference between pre-test and post-test among experimental and control groups

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Anger	239.805	1	239.805	8.688	.004	.081
Anger x Groups	266.805	1	266.805	9.667	.002	.090
Error	2704.890	98	27.601			

The Mean and Standard Deviation is presented in Table 2. There is a significant effect of anger reversal technique on anger among experimental group participants $F(1, 98) = 8.688$, $p<.004$). Experimental group involved in anger reversal technique were found to have a decreased level of anger in the post test score. There is a significant interaction effect between over-time and group $F(1, 98) = 9.667$, $p<.002$). Thus, H1 "There is a significant decrease in the level of anger after anger reversal technique" is accepted.

4. Discussion

Anger is a universal and common problem considered as an individual and social problem that indulges normal behavior and social functioning. Further, anger is negatively associated with general wellbeing, social violence and normal social functioning. Hence, anger management skill is required for individuals who

express anger in an extreme or uncontrollable manner, higher in the level of anger, indulge health and develop anger related problems. high level of anger is identified in specific community or who are vulnerable to get anger related physical, psychological and social problems. School aged students during adolescence stage are one among the vulnerable groups found to have high anger and aggressive behavior. Anger is also a predisposed characteristic emotional reaction and also a learnt predisposition producing negative behavior effect. Speilberger classified anger into two i. e. trait and state. State anger may be induced due to situational factors such as interpersonal interaction, classroom atmosphere, stress, frustration, failures and conflicts whereas trait anger can be expressed in terms of biologically predisposed characteristics. Unidentified and untreated anger may cause disruptive consequence in intrapersonal, interpersonal, anger regulation and anger control behaviours of an individual. Anger produces psycho-physiological changes i.e hormonal imbalance, excessive secretion of certain bio chemicals, increased blood pressure, heart rate, pulse rate, galvanic skin response, rapid actions and functions of organs that elicit juices and hormones endanger to physical health. Conditionings to such behavioural changes and repeated exposure to anger inducing situation causes developing aggressive personality characteristics. Counter conditioning or learning new skills to manage or prevent anger consequences will help individual to manage such problem situations effectively. Behavioural trainings are theoretically and experimentally proved techniques frequently employed by behavior therapist to manage anger next to pharmacological therapies. Many behavioural therapeutic techniques have been employed by scholars to treat anger likewise anger reversal technique is utilized in the present study to suppress anger related reactions. Psycho-physiologically conditioned behaviors can be reversed or transferred making client to practice or relearn certain skills like relaxation training, social adjustment skill, anger control and regulation skill to adapt controlling anger and defeat anger inducing factors. The present study revealed that there is a remarkable change was achieved in the level of anger after anger reversal training. The result is consistent with the study conducted by (Ganesan, 1985); (Ganesan & Ganesan, 2004); (Feindler, Marriot, & Iwata, 1984); (Foumany & Slelahi, 2013); (Arefi, 1999; Navidi , 2006; Maleki, 2006); Kellner et al. (1995), Herrmann et al., (2002), and Burns et al. (2003).

5. Conclusion

There is a significant difference between pretest and post test scores of anger. The pretest state anger score was found to be high compared to post-test state anger score before anger reversal technique. Therefore, anger reversal technique has contributed in decreasing the level of state anger. The level of state anger can be altered employing specific behavioral training. Educating and practicing such behavioural interventions will help individuals to overcome from anger problem. Learning anger management skills enhances one's social skill, self-awareness, emotional self-regulation and performance. Anger identification and anger management is a most notable psychological functions need to be highly considered especially in the adolescent age group to prevent self and social destruction.

6. Recommendations

Behavioural scientists may focus on identifying anger across age, gender, socio economic status and other psycho-physiological factors.

Anger reversal technique can be applied in other population and different study setting.

A similar study can be conducted with large size of sample with different population to observe the significance of the intervention.

Educational institutions and its administrators may take initiation to implement such periodical training programs for early identification and management of anger and also to prevent ill effects of anger.

7. Implication

Anger is an individual and social problem need to be indentified and managed.

Adolescents are vulnerable to get anger quickly and prone to express aggression that causes anger related ill effects.

Behavioural trainings/ interventions can help solve problems arises due to anger.

Anger reversal technique is a behavioural intervention was found to be effective in decreasing anger among adolescent school students.

Unidentified and untreated anger may develop aggressive personality characteristics. Therefore, employing such behavioural interventions will reduce anger and related problems.

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