

Degree of Anger in High School Female Students-A Case Study

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Abstract-Anger is a normal and healthy emotion. It is a predominant feeling behaviorally, cognitively, and physiologically when a person makes the conscious choice to take action to immediately stop the threatening behavior of another outside force (DiGiuseppe and Tafrate, 2006). The response was taken from 1154 female students, out of them 420 students are studying 8th class, 352 are 9th and 382 are 10th class. All the students are studying in Government high schools located in and around the Guntur district, Andhra Pradesh, India. The students were asked to respond for a question "Are you getting anger frequently/sometimes/ never. Statistical tools were used to analyze the data. Regarding the high degree of anger the highest percentage was 31.03 and in the case of low degree 32.76%. Relation between a high degree of anger and health were well established. So, awareness shall be created among the students about the impacts of anger and related coping strategies.

Keywords: Anger, effects, coping strategies, female, high school students.

I. INTRODUCTION

Anger is a completely normal, usually healthy, human emotion (APA). However, when it gets out of control it can become destructive. Uncontrollable anger can lead to serious problems at work and in personal relationships, and may undermine the individual's overall quality of life (Kabir, 2018). It involves a strong uncomfortable and hostile response to a perceived provocation, hurt or threat (Videbeck, 2006). Anger is used as a protective mechanism to cover up fear, hurt or sadness. Nasir and Ghani (2014) studied behavioral and emotional effects of anger expression and anger management among adolescents.

Anger suppression was hypothesized to be involved in the development of gendered identity for girls, specifically by rendering girls more likely to experience depression. The results supported the hypothesis that girls suppress anger at higher rates than boys but not the related hypothesis that this suppression results in higher levels of depression (Deborah, 2000).

Peter et al., (2009) investigated how people's gender-role identities (self-identified masculinity and femininity) affect their perceptions of the emotional role of the humiliated victim in conflicts, and how these perceptions affect the negativity and aggressiveness of their responses and the degree to which they ruminate over conflict and remain hostile over time. They found that the males with high-masculine gender-role identities are more likely to perceive the social norms surrounding a humiliating conflictual encounter as privileging aggression, and to report intentions to act accordingly, than males with high-feminine gender-role identities. Furthermore, participants are more likely to ruminate about the conflict, and therefore maintain their anger and aggressive intentions a week later, when they perceive the situation to privilege aggression.

The present study was carried out to observe the degree of anger in 8th to 10th studying of female students, in Government high schools, distributed in and around Guntur Municipal Corporation, Andhra Pradesh, India.

Causes

There are different reasons for angry and are differ from person to person. Some of the common causes are Injustice, Financial Problems, Failure, Being teased, Hunger, Tiredness, Rudeness, etc.

Effects

Anger has a direct effect on, physical and mental health. A person experiencing anger frequently will experience increased heart rate, elevated blood pressure and stress. Anger causes the effects like Heart attack, Insomnia, Backache, Headaches, Depression, Self Injury, etc.

II. METHODOLOGY

A total of 1154 female students was participated, out of them 420 are studying 8th class, 352 are 9th and 382 are 10th class (Tables 1 and 2). Government schools located in and around Guntur were selected for the study. The selected students were

assembled in a classroom of the respective schools and asked them to give their response to a single question-“Do you get anger frequently (High degree)/sometimes (Medium degree)/never (Low degree)?”. The purpose of the study and the details regarding anger were explained in their mother tongue. Percent variation was observed and explained in the next section.

Table 1 Class Wise female Student's Strength

Classes →	8th	9th	10th
Ponnekallu	40	42	40
Takkellapadu	37	22	23
Venigalla	52	37	55
Koppuravuru	36	28	23
SK	75	54	70
SJRR	53	47	45
SKS	45	48	51
P	17	21	20
KSR	26	17	26
SCMP	39	36	29
Total	420	352	382

Table 2 Class wise students with varying degrees of anger

Anger→ Schools	High			Medium			Low		
	8th	9th	10th	8th	9th	10th	8th	9th	10th
Ponnekallu	5	3	10	29	15	3	6	1	3
Takkellapadu	5	9	6	29	13	16	3	0	1
Venigalla	4	3	13	39	29	30	9	5	12
Koppuravuru	6	4	10	0	1	1	4	5	3
SK	24	13	20	7	6	0	31	19	7
SJRR	16	7	13	5	0	24	21	3	3
SKS	18	11	12	1	18	16	19	1	2
P	13	5	0	3	15	19	17	1	1
KSR	1	1	4	3	0	5	4	1	9
SCMP	11	2	11	27	28	16	1	6	2
Total	103	58	99	143	125	130	115	42	43

III. RESULTS AND DISCUSSION

A percent variation of the degree of anger in students was shown in table 3 and figures 1 to 3. The results are explained below.

Table 3 Class wise students with varying degrees of anger (%)

Anger→ Schools	High			Medium			Low		
	8th	9th	10th	8th	9th	10th	8th	9th	10th
Ponnekallu	12.50	7.14	25.00	72.50	35.71	7.50	15.00	2.38	7.50
Takkellapadu	13.51	40.91	26.09	78.38	59.09	69.57	8.11	0.00	4.35
Venigalla	7.69	8.11	23.64	75.00	78.38	54.55	17.31	13.51	21.82
Koppuravuru	16.67	14.29	43.48	0.00	3.57	4.35	11.11	17.86	13.04
SK	32.00	24.07	28.57	9.33	11.11	0.00	41.33	35.19	10.00
SJRR	30.19	14.89	28.89	9.43	0.00	53.33	39.62	6.38	6.67
SKS	40.00	22.92	23.53	2.22	37.50	31.37	42.22	2.08	3.92
P	76.47	23.81	0.00	17.65	71.43	95.00	100.00	4.76	5.00
KSR	3.85	5.88	15.38	11.54	0.00	19.23	15.38	5.88	34.62
SCMP	28.21	5.56	37.93	69.23	77.78	55.17	2.56	16.67	6.90

High Degree of Anger

8th class

Highest percent of P school (76.47) students were marked the high degree of anger, followed by SKS (40.00%) and SK (32.00%). The lowest percent was noticed with KSR school (3.85%).

9th Class

40.91% of Takkellapadu school students had expressed the high degree of anger, followed by SK school students (24.07%) and P (23.81%). Comparatively, the problem is low in SCMP school (5.56%).

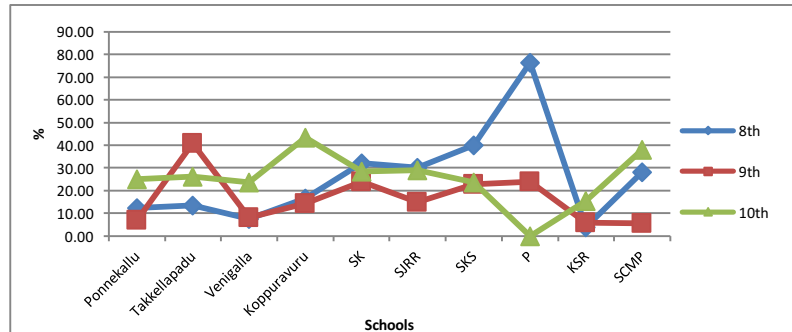


Figure 1 High degree anger- school wise and class wise

10th Class

Highest percent of Koppuravuru students (43.48) were marked the High degree of anger, followed by SCMP (37.93%) and SJRR (28.89%). No student was opted the high anger in P School.

Medium Degree of Anger

8th class

Highest percent of Takkellapadu school (78.38) were marked the medium degree of anger, followed by Venigalla (75.00%) and Ponnekallu (72.50%). No student was opted medium anger in Koppuravuru school.

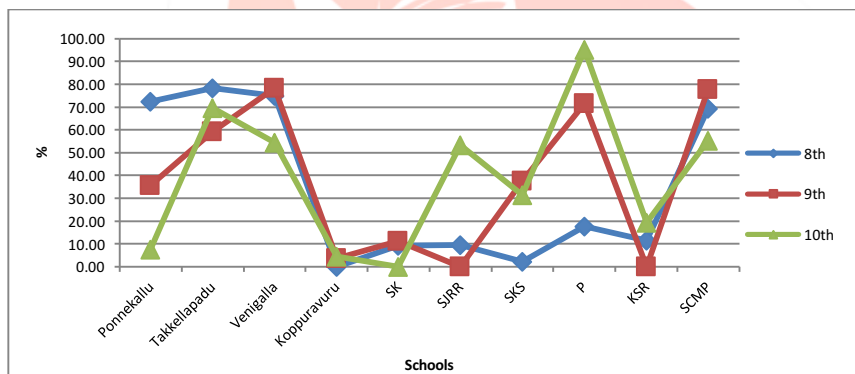


Figure 2 Medium degree anger- school wise and class wise

9th Class

78.38% of Venigalla school students had expressed the Medium degree of anger, followed by SCMP school students (77.78%) and P (71.43%). No student was marked the medium anger in KSR School.

10th Class

Highest percent of P students (95.00) were marked the Medium degree of anger, followed by Takkellapadu (69.57%) and SCMP (55.17%). No student was pointed the medium anger in SK School.

Low Degree of Anger

8th class

Highest percent of P school (100.00) were marked the low degree of anger, followed by SKS (42.22%) and SK (41.33%). The lowest percent was observed with SCMP school (2.56%).

9th Class

35.19% of SK school students had expressed the Low degree of anger, followed by Koppuravuru school students (17.86%) and SCMP (16.67%). No student was marked the low anger in Takkellapadu School.

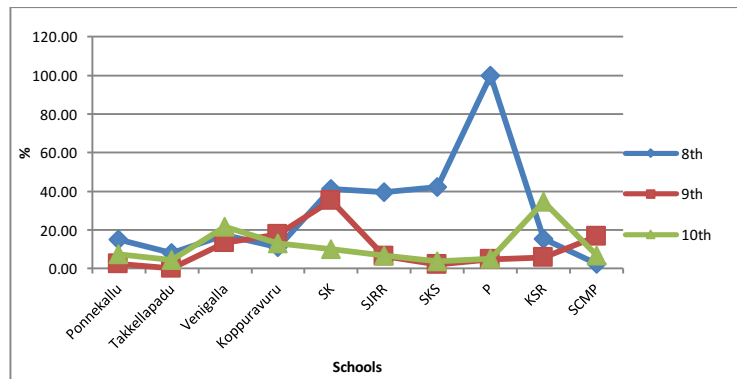


Figure 3 Low degree anger- school wise and class wise

10th Class

Highest percent of KSR students (34.62) were marked the Low degree of anger, followed by Venigalla (21.82%) and Koppuravuru (13.04%). The lowest percent was noticed with SKS school (3.92%).

Comparative study

High Degree of Anger

Comparison of High degree of anger among 8th to 10th class students was shown in table 4 and figure 4. Highest percent of P (31.03) had expressed that they have high degree of anger, followed by SK (28.64%) and SKS (28.47%). The lowest percent was observed with KSR school students (8.70%).

Table 4 Comparative study of varying degrees of anger among various schools

Degree of Anger→ Schools	High	Medium	Low
Ponnekallu	14.75	38.52	8.20
Takkellapadu	24.39	70.73	4.88
Venigalla	13.89	68.06	18.06
Koppuravuru	22.99	2.30	13.79
SK	28.64	6.53	28.64
SJRR	24.83	20.00	18.62
SKS	28.47	24.31	15.28
P	31.03	63.79	32.76
KSR	8.70	11.59	20.29
SCMP	23.08	68.27	8.65

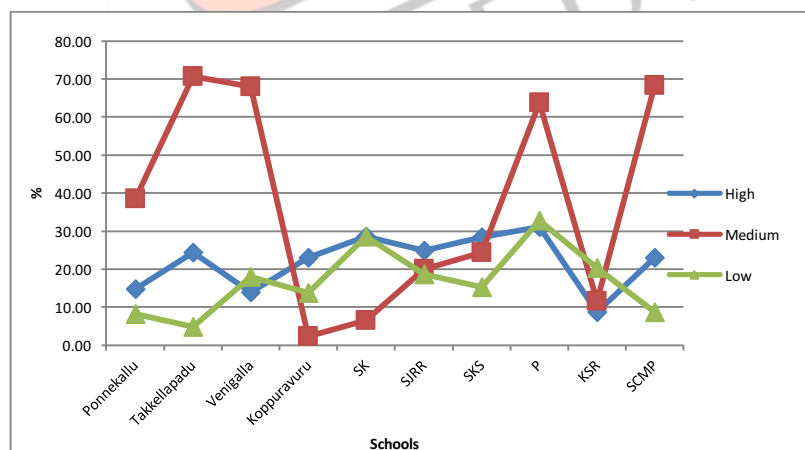


Figure 4 Comparative study of varying degrees of anger among various schools

Medium Degree of Anger

Highest percent of Takkellapadu (70.73), followed by SCMP (68.27%) and Venigalla (68.06%) students expressed medium. The lowest percent was observed (Table 4 and figure 4) with Koppuravuru school students (2.30%).

Low Degree of Anger

Highest percent of P (32.76), followed by SK (28.64%) and KSR (20.29%). The lowest percent was observed (Table 4 and figure 4) with Takkellapadu school students (4.88%).

An angry person may lose his/her objectivity, empathy, prudence or thoughtfulness and may cause harm to themselves or others (Novaco, 2000; Mohr et al., 2007; Day et al., 2012). Anger causes a reduction in cognitive ability and the accurate processing of external stimuli. Angry people are more likely to make risky decisions, and make less realistic risk assessments (<https://en.wikipedia.org>).

The study made by Biaggio (1989) showed that men reported more anger-arousing incidents and responded with more physical and verbal “antagonism” than did women. In her second study, however, Biaggio did not observe a gender difference in college students’ behavioral reactions during experimentally induced provocation. The idea that women and men differ significantly in the experience and expression of anger continues to be a popular one in the psychological and counseling literature, even though there is little empirical support for it. Sharkin (1993) examined theoretical perspectives on female and male anger.

Gender differences in the reported intensity of anger and fear toward hypothetical males and females were explored in three age groups (6-12 year olds, 14-16 year olds, and adults over 30) located in two different geographic areas (Brody et al., 1995). Across all three age groups, situations that were frightening, anger-provoking, or that depicted stereotypic male-negative behavior elicited the most consistent subject gender and character gender differences in reported fear and anger. Relative to males, females of all ages reported more fear in frightening, anger-producing, and male-negative stereotypic situations. Males were reported to be more frightening and anger-producing than were females in those same situations.

Irritable bowel syndrome with constipation (IBS-C) is a representative psychosomatic disorder. Several pathophysiological factors have been linked to IBS symptoms such as the modulation of gastrointestinal motility, visceral hypersensitivity, dysregulation of the gut-brain axis, genetic and environmental factors, sequelae of infection, and psychosocial disorders. The expression rate of some IBS-C symptoms was higher among females and those aged 20–49 years than males and those aged 50–79 years, respectively. It is important to understand the impact of symptoms by gender and age to evaluate the pathology of IBS-C from a biopsychosocial perspective (Kosako, 2018).

Study of Wong et al., (2018) explored potential sex and age differences in anger experience, expressions, and control among Grades 8–12 adolescents in Western Canada. Results revealed that Grade 12 students experienced more anger than Grade 8 students. Furthermore, Grades 10–12 students engaged in greater levels of anger-expressive suppression compared with those in Grade 8; Grade 12 students also suppressed their anger more than Grade 9 students. Lastly, girls were less likely to control their outward anger as compared with boys.

The study made by He et al., (2018) indicated gender-incongruent effects in early and later stages of body expression processing, which fits well with the evolutionary theory that females mainly play a role in care of offspring while males mainly play a role in family guarding and protection. Furthermore, it is found that in both angry and fearful conditions male observers exhibited a larger number for male than female bodies, and female observers showed a larger number for female than male bodies.

In the present study, out of the total students responded 31.03% of students pointed high degree of anger and 32.76% low degree of anger.

Coping Strategies

Research suggested different methods for coping with anger.

Anger management is about understanding your anger and why it happens. It is about learning and practicing better ways of expressing anger, and knowing how to prevent it from occurring in the first place (Kabir, 2018). Modern psychologists point out that suppression of anger may have harmful effects. The suppressed anger may find another outlet, such as a physical symptom, or become more extreme (Simon, 1994; Anger, 2001). Suppressed or repressed anger is found to cause irritable bowel syndrome, eating disorders, and depression among women (Judith (2002); Hannah and Abigail (2016).

When you’re angry, you might feel anywhere between a slight irritation to rage. When you start feeling angry, try deep breathing, positive self-talk, or stopping your angry thoughts. Breathe deeply from your diaphragm. Slowly repeat a calm word or phrase such as “relax” or “take it easy”. Repeat it to yourself while breathing deeply until the anger subsides (Kabir, 2018).

According to Novaco (1975), there are a multitude of steps that were researched in attempting to deal with this emotion. The situations leading to anger should be explored by the person. The person is then trying to be image-based relieved of his or her recent angry experiences (Simon, 1995 and Novaco, 1975).

The Skills-deficit model states that poor social skills is what renders a person incapable of expressing anger in an appropriate manner (Frederiksen and Eisler, 1977). Social skills training has been found to be an effective method for reducing exaggerated anger by offering alternative coping skills to the angry individual. Research has found that persons who are prepared for aversive events find them less threatening, and excitatory reactions are significantly reduced (Leventhal, 1974).

Conventional therapies for anger involve restructuring thoughts and beliefs to bring about a reduction in anger. These therapies often come within the schools of CBT (or Cognitive Behavioural Therapies) like modern systems such as REBT (Rational Emotive Behavior Therapy). It has been shown that with therapy by a trained professional, individuals can bring their anger to more manageable levels (Beck and Fernandez, 1998).

A new integrative approach to anger treatment has been formulated by Ephrem Fernandez (2010) (Toward an Integrative Psychotherapy for Maladaptive Anger). Termed CBAT, for cognitive behavioral affective therapy, this treatment goes beyond conventional relaxation and reappraisal by adding cognitive and behavioral techniques and supplementing them with effective techniques to deal with the feeling of anger. The techniques are sequenced contingently in three phases of treatment: prevention, intervention, and postvention.

IV. CONCLUSION

A Lot of research had done with a degree of anger, mode of expression, effects and coping techniques. Highest percent of P school students (31.03) had expressed that they have a high degree of anger. Highest percent of low degree of anger was also expressed by P school students (32.76). High degree of anger effects future career and health, whereas low degree are a sign of inefficiency in some of the administrative positions. Medium degree is always preferable, when it is conscious. School managements shall create awareness about the anger and its negative impacts on students health and career and teach them the coping techniques.

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