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Anger and Aggression among Youth: An Empirical Investigation

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Abstract

Anger is usually considered to be one of the core human emotions. The presumed link between anger and aggression is most evident in biologically oriented theory and research. Aggression is by no means a new concern in human society, especially in youth. Aggressive behaviors in the young people are complex, heterogeneous with diverse etiologies and consequences. The current study examines anger and aggression in a group of youths. The measures used were the Clinical Anger Scale (Snell, 2002) and Aggression Questionnaire (Buss & Perry, 1992). The group comprised of 60 students pursuing Engineering from different colleges of Noida City. There were 30 boys and 30 girls. The age range of the sample was from 18 to 25 years. The scales were administered on 60 participants using convenience sampling method. Independent t-test and Pearson Correlation Coefficient were used for statistical analysis of data. Results revealed that there was significant difference in aggression, anger, physical aggression and humility. All the variables have been found to be significantly correlated except physical aggression and verbal aggression.

Key Words: Anger, aggression, youth, dimensions of aggression

Introduction: Anger is usually considered to be one of the core human emotions. While there are hundreds of emotional states, researchers have posited a few universal 'basic' emotions that have helped the human race survive. According to one influential pair these emotions are happiness, anxiety, sadness, anger and disgust (Oatley, & Johnson-Laird, 1987). Anger is one of the most frequently experienced negative emotions (Averill, 1983). Anger has recently been defined as a syndrome of relatively specific feelings, cognitions, and physiological reactions that are linked with an urge to injure some target. According to

these theorists, anger tends to be aroused when an individual is prevented from attaining an important goal or interfered within the fulfillment of a need by an external agent's improper action (Berkowitz & Harmon-Jones, 2004).

Anger is a complex emotion and occurs as a result of an interaction between one or more eliciting events, the individual's pre-anger state, appraisals of the eliciting events, and available coping resources (Deffenbacher, Filetti, Lynch, Dahlen & Oetting, 2002).

Although mental health practitioners and researchers have discussed the lack of conceptual clarity of anger and its related processes (Smith, Larson, DeBaryshe & Salzman, 2000), it is commonly accepted that anger is a normal human emotion that can be viewed at three levels: 1) physical symptoms of anger may include increased heart rate, muscular tension, and adrenaline flow; 2) cognitive experiences of anger frequently include distorted negative perceptions and interpretations of others' behaviors; and 3) behavioral indications of anger may include a variety of physical and verbal outbursts such as yelling, screaming, kicking, and fighting. These reactions to anger can be directed toward others or self. (Ramírez et al., 2001b; Sukhodolsky et al., 1995) Anger would escalate if the source is seen as being intentional, preventable, unjustified, and blamed, and when values are compromised, promises and expectations are broken, rules violated, personal freedom and rights abridged. It is typically accompanied by autonomic nervous system arousal such as increases in heart rate and perspiration, cognitive distortions and deficiencies, and socially constructed and reinforced scripts. De Moja and Spielberg (1997) found that the drug users experience anger more frequently than non-users and they are more likely to feel less in control of their angry feelings. They are more apt to express such anger toward other persons or objects in their environment.

Research by Brondolo and colleagues (2005) highlight the connection between experiences of discrimination and anger. They found that discriminatory interactions increase the likelihood that individuals will use reactive or immediate anger management styles. However, workplace discrimination was found to increase the likelihood of using an anger-suppression style, a style that has been associated with experiencing and expressing less positive emotion, experiencing greater negative emotion, worse interpersonal functioning and well-being (Gross & John, 2003).

Mounting evidence links anger with a range of physical, mental and social problems. Anger has been associated with problems in relationships, including social, family and working relationships (Tafrate & Kassinove 2002; Kassinove, Roth, Owens & Fuller 2002, DiGiuseppe & Tafrate, 2007). According to Hawkins, Catalano, and Miller (1992), angry youth come from various backgrounds, but experience similar problems. Common difficulties experienced are as follows: (a) low socio-economic status, (b) high accessibility to weapons, (c) experience inadequate academic preparation, (d) poor familial relations, and (e) experience with negative role models.

Aggression is by no means a new concern in human society, especially in youth. Aggressive behaviors in the young people are complex, heterogeneous with diverse

etiologies and consequences. So, no single term is adequate to capture all variegated and diverse presentations of such behaviors in youth (Connor, 2002). The presumed link between anger and aggression is most evident in biologically oriented theory and research (e.g., Plutchik, 1980). Anderson and Bushman (2002) articulate a description of five of the theoretical ways in which anger is causally related to aggression. First, they assert that anger provides justification for retaliatory aggression. Second, anger informs people about the origins, responsibility, and possible ways to respond to anger-inducing events. Third, anger increases the level of psychological and physiological arousal. Fourth, and related to increased arousal, anger primes aggressive thoughts. Finally, anger feeds aggressive goals thus allowing for the perpetuation and often the inflation of these goals over time. Myers (2005) defines aggression as “physical or verbal behavior intended to hurt someone”. According to Feder (2007), the impact of aggressive behavior is a public health problem faced by schools and all of society. Thus, there is a push for schools to reduce aggression and build a more positive social environment as well as deal with aggressive students (Burt, Lewis, & Patel, 2010).

Past researches and theories have suggested that the gender of the person eliciting the feeling may make a difference in the intensity of the feelings expressed by males vs. females (Blier & Blier-Wilson, 1989). Newman, Gray, and Fuqua (1999), for example, found no significant differences between men and women on six different subscales measuring both state and trait anger. Cox, Stabb, and Hulgus (2000) observed that boys were significantly more likely to express their anger outwardly than girls. Dunn and Hughes (2001) concluded that male preschoolers, in both hard to manage and control group demonstrated more anger than female members of the control group. A situation of conflict has revealed that preschool girls express more anger than boys (Zahn-Waxler, Cole, Richardson & Friedman, 1994). Angry behaviours, bullying, aggression are also on rise among the Indian adolescents. Study of 1500 Indian adolescents reports 23% of victims and 13% perpetrators of violence (Munni, 2006). The women expressed more self-anger (i.e., anger directed internally toward themselves) than males, but did not investigate whether differences existed between genders before the study (Sadeh et al. 2011). Karreman and Bekker (2012) conducted a study on gender differences, investigating autonomy-connectedness between genders. Their study indicated differences related to anger and sensitivity between genders. However, the study did not attempt to determine whether males and females were equal in anger at the beginning or end of the study. Ghosh, in 2013 compared aggression among 100 adolescents (50 boys & 50 girls), aged 14 – 16 years using Aggression Scale by Mathur and Bhatnagar (2004). The result showed that there was a significant difference between boys and girls on aggression ($t = 2.21, P < 0.05$). Boys were more aggressive than girls. (Sharma, 2015) About 18% of 5476 youths from different cities of India reported high aggression scores. Higher anger aggression scores were observed in males than females and also in the age group of 16-19 years. (American Psychiatric Association, 1994) Aggression that is serious enough to meet the criteria for Conduct Disorder is estimated to occur in 6% to 16% of males under age 18, and in 2% to 9% of

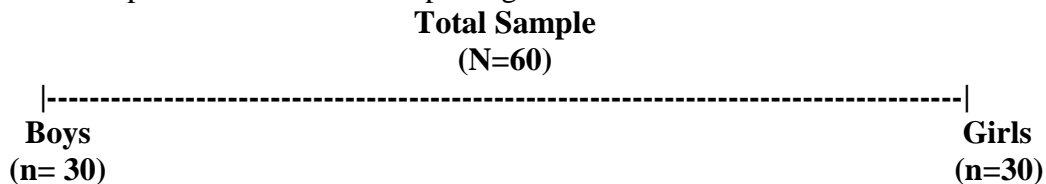
females in that age range. Bjorkqvist, Osterman, and lagerspetz (1993) pointed out that they had so far studied only aggressive styles among adolescents. They wanted to investigate whether males later in life 'caught up'with females,and de-veloped their own,gender-specific types of indirect aggression. They found that adult males, too, developed strategies by which they tried to conceal their hostile intentions, but they used more direct, but still covert, strategies than females, i.e., they were faking that their intention was non-aggressive,but their communication with the target tended to be more direct than that of females. Adult females still used more indirect (socially manipula-tive) strategies than males.

Rationale of Study: It is evident from the above studies that the anger and aggression are widely spread problem among youth. There may be differences between male and female in expressing anger and aggression. Although a large number of studies have been conducted on this aspect in the West but there is dearth of such studies in Indian setting. Therefore, present study aimed at examining the anger and aggression among youth in Indian context.

Method:

Sample: The total sample comprised 60 subjects from the age group of 18-25 Years. There were 30 boys and 30 girls. The sample was taken from engineering colleges of Greater Noida using convenience sampling method.

A diagrammatic presentation of the sample is given below.



Tools:

Socio-demographic data sheet: It was prepared by the investigator to collect information about demographic details like name, age, gender and religion.

The Clinical Anger Scale: Clinical Anger Questionnaire by Snell (2002) contained 21 questions. Subjects were asked to read each of 21 group of statements (4 statement per group) and select the single statement that best described how they felt (items 1, A: stood for, I do not feel angry: stood for, I feel angry, C: stood for, I feel angry most of the time now, and D: stood for, I feel so angry all the time that I can't stand it). The four statements in each cluster varied in symptom intensity, with more intense clinical anger being associated with statement "D". Each cluster of statement was scored on a 4 point likert scale, with A=0, B=1, C=2, and D=3. Subject`s responses on the CAS were summed so that higher score corresponded to higher to higher clinical anger (21 items ranged 0-63). The internal consistency of 21 items on the clinical anger scale analyzed and yielded reliability coefficient .95 (male only) and validity statistics was 0.61 while the test re-test reliability was 0.78 by the author.

Aggression Questionnaire (AQ, Buss & Perry, 1992). It was used to examine anger and aggression in participants. The AQ consists of four subscales that assess internal experiences of anger and hostility, and external expressions of verbal and physical aggression. Items are presented in statement format and answered using a 5-point Likert scale from 1 (very uncharacteristic of me) to 5 (very characteristic of me). Scores on each subscale are calculated by summing the items on that particular scale. The AQ has been shown to possess strong reliability and validity (Buss & Perry). In our sample, the anger (Cronbach’s α =.86), verbal aggression (Cronbach’s α =.73), and physical aggression (Cronbach’s α =.78) subscales all demonstrated adequate internal consistency

Procedure: Patients’ written informed consent was taken prior to the administration of tools and they were reassured that their responses would be kept strictly confidential and be used for research purpose only. The researchers took permission from the college administration

Statistical Analyses:

Independent t-test and Pearson Correlation Coefficient were used for the analysis of data.

Results:

Table-1: Comparison between Boys and Girls on Anger and Aggression and various dimensions of aggression.

Group Statistics						
Group	N	Mean	Std. Deviation	Std. Error Mean	t-value	
Anger	Boy	30	19.2667	5.31707	.97076	1.535
	Girl	30	13.5667	7.08414	1.29338	
Aggression	Boy	30	83.0667	10.10952	1.84574	3.856*
	Girl	30	70.0000	15.56521	2.84181	
A	Boy	30	19.7000	4.17009	.76135	3.139**
	Girl	30	16.4000	3.97058	.72493	
PA	Boy	30	22.1000	4.39710	.80280	3.320**
	Girl	30	18.2333	4.62141	.84375	
H	Boy	30	25.0000	4.03434	.73657	2.860**
	Girl	30	21.0333	6.43527	1.17491	
VA	Boy	30	16.0667	3.68532	.67284	1.474
	Girl	30	14.6000	4.01377	.73281	

Anger (A), Physical Aggression (PA), Hostility (H) and Verbal Aggression (VA)

Significant at .01*

Significant at .05**

The above given table no 1, the statistical analysis reveals that t-value was found to be insignificant at .05 levels which indicate that there was no difference on anger between boys and girls. There was significant difference between boys and girls on aggression as the t-value was found to be significant at .01 levels. There was significant difference between boys and girls on the dimensions of anger of Aggression scale as the t-value was found to be significant at .05 levels. There was significant difference between boys and girls on physical aggression as the t-value was found to be significant at .05 levels. Higher anger aggression scores were observed in males than females and also in the age group of 16-19 years (Sharma, 2015). There was significant difference between boys and girls on humility as the t-value was found to be significant at .05 levels. The t-value was found to be insignificant at .05 levels which indicate that there was no difference on verbal aggression between boys and girls.

Table-2: Pearson Correlation Coefficient between Anger, Aggression and all its dimensions Correlation

	Anger	Agg	A	P	H	V
Anger	.00					
Aggression	.63**	.00				
A	.51**	.83**	.00			
P	.48**	.79**	.67**	.00		
H	.61**	.85**	.61**	.54**	.00	
V	.35**	.55**	.26*	.19	.40**	.00

. **Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

All the variables have been found to be significantly correlated at .01 levels except verbal aggression which was significantly correlated anger (dimension of aggression) at .05 levels and physical aggression and verbal aggression were not significantly correlated at .05 level.

Discussion: Present study aimed at examining the anger and aggression among youth in Indian context. The Clinical Anger Scale and Aggression Questionnaire were administered on 60 students' age ranging from 18 to 25 years in Greater Noida. There were 30 boys and 30 girls students. Independent t-test and Pearson Correlation Coefficient were used for statistical analysis of data. Table 1 reveals that there was no difference on anger between boys and girls. Similarly Newman, Gray, and Fuqua (1999), for example, found no significant differences between men and women on six different subscales measuring both state and trait anger. There was significant difference between boys and girls on aggression. (American Psychiatric Association, 1994). Aggression that is serious enough to meet the criteria for Conduct Disorder is estimated to occur in 6% to 16% of males under age 18, and in 2% to 9% of females in that age range

There was significant difference between boys and girls on anger. Cox, Stabb, and Hulgus (2000) observed that boys were significantly more likely to express their anger outwardly than girls. Dunn and Hughes (2001) concluded that male preschoolers, in both

hard to manage and control group demonstrated more anger than female members of the control group. A situation of conflict has revealed that preschool girls express more anger than boys (Zahn-Waxler, Cole, Richardson & Friedman, 1994). There was significant difference between boys and girls on physical aggression. Similarly Ghosh, in 2013 showed that there was a significant difference between boys and girls on aggression. There was significant difference between boys and girls on humility. There was no difference on verbal aggression between boys and girls. American Psychiatric Association, 1994) Aggression that is serious enough to meet the criteria for Conduct Disorder is estimated to occur in 6% to 16% of males under age 18, and in 2% to 9% of females in that age range.

All the variables have been found to be significantly correlated at .01 levels except verbal aggression which was significantly correlated anger (dimension of aggression) at .05 levels and physical aggression and verbal aggression were not significantly correlated at .05 level. The presumed link between anger and aggression is most evident in biologically oriented theory and research (e.g., Plutchik, 1980). Similarly Anderson and Bushman (2002) articulate a description of five of the theoretical ways in which anger is causally related to aggression.

Conclusion and Implications: In nutshell, anger is commonly experienced emotional state that may range from minor irritation to intense rage. It is experienced by both male and the female. Aggression is the manifestation of anger which may harm others. In the present study, there was significant gender difference in aggression, anger, physical aggression and humility. All the variables have been found to be significantly correlated except physical aggression and verbal aggression. Anger and aggression are adaptive in those situations where there is threat to one's self and survival. However, maladaptive anger and aggressive behaviors have serious negative implications in one's day to day functioning. It can impair one's interpersonal, occupational, academic and biological functioning. So, it is imperative to teach and train the Youngsters to express their anger and aggression in an effective and assertive way. There is a strong need that professional psychologists and other mental health professionals develop anger management modules which can be used to train the youths to effectively deal with this important emotion to ease their lives in schools, colleges, universities and other institutes.

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