

**Madiha Bano¹, Noreena Kausar², Anam Zafar³**

1. M.Phil. Scholar, Department of Psychology University of Gujrat, Pakistan.

2. Assistant Professor, Department of Psychology University of Gujrat, Pakistan.

3. Department of Psychology University of Gujrat, Pakistan.

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Corresponding Author:**Madiha Bano**Email: 23011711-005@uog.edu.pk**License:**

Abstract: *The current study was designed to measure the prevalence of anger expressions in adolescents by using the exploratory research design. Through the stratified sampling technique, the sample of 1000 students was selected from public and private schools and colleges of District Bhimber. The Anger Expression Scale for Children (Steele et al., 2009) was used to measure the anger experiences among adolescents. The findings were computed using descriptive analysis, frequencies and percentages. Majority of adolescents (63.7%) reported moderate anger, followed by 34.3% with mild anger, and only 2.0% reporting severe anger. In terms of anger expression, 51.1% of adolescents displayed mild levels, 41.5% moderate, and 7.4% severe. Study indicated the need of counseling services for adolescents facing anger related problems.*

Introduction

Anger is one of the most significantly specific and commonly experienced basic emotions, yet it is also one among the least explored in district bhimber as Joseph, 2005 also reported it as least studied. Anger manifests itself in a variety of ways, such as the arousal component (stress reactivity with continuous autonomic arousal), the cognitive component (heightened attention to threat, nervousness, and hostile attributions), and physical aspects (Novaco, 2016). Anger in teens is experienced in different ways. It may take a form of outward expression such as outburst, physical assault or breaking the things. On the other hand sometimes it has inward direction in form of self-criticism, stubborn behaviour or self-rejection (Omumu, 2024). In addition to fundamental verbal behaviours that are employed to convey the subjective experience, outward displays also include unique facial reactions, bodily displays of danger, and vocal prosody (e.g., unpleasant feelings of being “mad”, “annoyed”, etc.). Anger is therefore, felt and expressed through all of these components, and it is possible to regulate one’s own anger by changing any or all of these elements. Anger control is becoming increasingly essential in modern culture as it is necessary to control mood swings of anger in order to attain positive results, in comparison with past times when expressing anger and using force to establish dominance and select leaders (Richard et al., 2022).

Although frequent bouts of anger and thinking on the triggering situation allow negative emotions to continue, autonomic stimulation during anger feelings is generally short-lived. Anger causes attention to become limited and significantly focused toward the cause of the arousal, especially during continuous and on-going episodes of anger rumination (Lievaart, 2017). In the literature, the persistent desire to feel angry is commonly referred to as high trait anger (Wang et al., 2018). Bipolar disorder, borderline personality disorder, and oppositional defiant disorder are also associated with problematic and persistent anger (Fernandez & Johnson, 2016). Anger is an attribute of personality that is described as having a tendency for experiencing state anger on a regular basis. According to state anger, trait anger—which is characterized as negative emotionality is seen to be an increased risk for satisfying relationships and positive social development (Neria & Yuval, 2016)?

Furthermore, there is evident proof that trait anger is significantly associated with inadequate interpersonal relationships and decrease in peer acceptance (Syed, 2024). Anger is rarely associated with being harsh and impolite, such as shouting, throwing objects, diminishing, or expressing disappointment about physical discomfort that people experience (Utami et al., 2019). A lot of reasons can be given to cause angers among adolescents limitation of their physical or social interests, assault of their characters, status or position in the society, reproaches, humiliation and underrating of their capacity. These situations are threatening to the fragile personality of teens and they portray anger. The upper and lower socio-economic status in the family has been identified to be correlated with the high level of anger and aggression amongst adolescents (Kishore et al., 2019). Also, the level of anger in adolescents is said to be greatly affected by the education and the nuclear family of mothers. Modern educators and school psychologists are showing more concern over anger and aggression in children and adolescents because it causes scholastic underperformance besides negative school environment too. Unless anger is at its semi-other stage there is a probability that severe violence will occur later in life (Anjanappa et al., 2019).

The problem of anger is on the rise in schools and college throughout the world. Anger is the antecedent of the aggressive behaviour, and violence, conduct and behavioural disorders. It was observed that there was gender difference both in terms of physical aggression that the former was more in boys and verbal aggression that the later was greater in girls. Majority of the research on adolescent anger revolve more on the prevalence and expressions there are, but it is important to find out why, their ways of self- control and what they expect of others. This would assist in coming up with culturally friendly management approaches dealing with the same in the schools in a manner that the ill effects of uncontrolled anger are reduced (Ahmad et al., 2021). The objective of the current study is to measure the anger experiences among adolescents.

Methodology

The setting for present study was government and private schools and colleges from District Bhimber Azad Kashmir. Exploratory research design was used to measure the prevalence of anger experiences among adolescents. The target population of present study was the adolescents having the age ranges between 11 to 17 years from District Bhimber Azad Kashmir. The size of the sample was calculated as per the sampling frame provided by the schools and colleges. The sampling of the current study was a total number of 1000 school and college going adolescents of age group 11 years to 17 years. In calculating the sample size, Taro Yamane (Yamane, 1973) formula was used.

$$N / (1 + N(e)^2)$$

At stage 1, sample was divided into two strata: school and colleges at stage 2, school and colleges were further divide into private and public sectors, at stage 3, the private and public institution further

divided into grade levels. At last stage, the grades further divided in terms of gender. The adolescents, both male and females, between the age group of 11 to 17 years studying in the government and private academic institutes of District Bhimber Azad Kashmir were included in the study. Adolescents with any serious physical or mental illness were excluded from the study.

The Anger Expression Scale for Children (Steele et al., 2009) was used for data collection. It is a measure with 26 items with the Likert-type response (almost never, sometimes, often, and almost always). It is applied to youth between 7-17 years including adolescents, and AESC showed an estimated grade reading level. The scale provided acceptable estimates of the internal consistency of each of the four subscales (Trait Anger=0.84; Anger Expression=0.69, Anger In=0.71; Anger Control=0.79). After getting permission from the Heads of the school and colleges, the participants were informed about the research objectives. Written consent was taken from the adolescents, on average 20 to 30 minutes were taken by the participants to complete the questionnaires.

Ethical Consideration

The ethical principles of informed consent and confidentiality were maintained. Additionally, respondents were informed that they can leave the study at any point. Participants' confidentiality was maintained by assigning them the ID number.

Results

Regarding the demographic characteristics of the participants, results indicated that out of 1000 participants, 42.1% of the group falls in the age range of 11-13 years, 39.3 % falls in the age range of 14-15 years and 18.6 % falls in the age range 16-17 years. Gender is well balanced and there was an equal ratio of males and females. The grades 7 to 11 are well distributed among the students with a representative basis of the middle to high schools. Among participants, 50% study from science group, whereas the others study arts (50%). Around 476 adolescents were from private system and the 524 from public sector.

Table-1: Cut-off Scores of AESCS

Score Ranges	Descriptors
1-26	No Anger
27-52	Mild Anger
53-78	Moderate Anger
79-104	Severe Anger

Note: AESC= Anger Expression Scale for Children

Table-2: Categories of AESC among adolescents (n=1000)

Categories of AESCS	F	%
No Anger	-	-
Mild Anger	343	34.3
Moderate Anger	637	63.7
Severe Anger	20	2.0

The table 1 and 2 provides insights into the distribution of anger levels among adolescents. Moderate anger is the most prevalent category with 63.7% indicated by 637 adolescents. Whereas mild anger was

followed the moderate anger with 34.3% as indicated by 343 adolescents. However, severe anger was reported only 20 adolescents (2.0%).

Table-3: Cut-off Scores of Anger Control

Score Ranges	Descriptors
6-11	Mild Anger Control
12-17	Moderate Anger Control
18-24	Severe Anger Control

Table-4: Categories of Anger Control among Adolescents (n=1000)

Category	F	%
Low	239	23.9
Medium	614	61.4
High	147	14.7

The experiences of anger control in adolescents were indicated in the table 4. Medium anger control is the most prevalent with 614 (61.4%) among the target sample followed by low anger control in 239 (23.9%) adolescents. However, high anger control was the least reported by the 147(14.7%) adolescents.

Table-5: Cut-off Scores of Anger In

Score Ranges	Descriptors
4-7	Mild Anger In
8-11	Moderate Anger In
12-16	Severe Anger In

Table-6: Categories of Anger in among Adolescents (n=1000)

Category	F	%
Low	214	17.8
Medium	680	56.7
High	306	25.5

Results indicated that experiences of diverting anger inwardly was reported by 56.7 % of sample as compared to a small no of 17.8% who diverting their anger towards themselves. Whereas 306 adolescents (25.5%) reported experience of anger in.

Table-7: Cut-off Scores of Trait Anger Control

Score Ranges	Descriptors
10-20	Mild Trait Anger
21-30	Moderate Trait Anger
31-40	Severe Trait Anger

Table-8: Categories of Trait Anger among Adolescents (n=1000)

Category	F	%
Low	409	40.9
Medium	520	52.0
High	71	7.1

The table 8 shows that moderate trait anger is the most prevalent. More than half of the adolescents (520, 52.0%) fall into the Moderate category of trait anger. Mild trait anger is also significant a substantial portion of adolescents (409, 40.9%) exhibit mild trait anger. Severe trait anger is the least common. Only a small percentage of adolescents (71, 7.1%) are categorized with severe trait anger.

Table-9: Cut-off Scores of Anger Expression

Score Ranges	Descriptors
6-11	Mild Anger Control
12-17	Moderate Anger Control
18-24	Severe Anger Control

Table-10: Categories of Anger Expression among Adolescents (n=1000)

Category	F	%
Low	511	51.1
Medium	415	41.5
High	74	7.4

The table 10 summarizes the distribution of anger expression among a group of adolescents. The majority of adolescents (51.1%) express anger mildly, followed by a substantial portion (41.5%), who expresses it moderately. A smaller percentage (7.4%) expresses anger severely.

DISCUSSION

The current study was conducted to measure the anger experiences among adolescents. An exploratory research design was used to measure the anger experiences in a sample of 1000 adolescents from various schools and colleges, of Bhimber Azad Kashmir. Findings indicated that the majority of adolescents (63.7%) reported moderate anger, followed by 34.3% with mild anger, and only 2.0% reporting severe anger. These findings comply with recent literature, which still points to adolescence as a time of increased emotional reactivity. Although moderate anger is generally common during this period of development, an insignificant figure of adolescents in this group with severe anger can be classified as a risk group who could be helped by early intervention (Liu et al., 2018)

As regard to the anger expression, the hypothesis was that adolescents who have high anger control will express low levels of anger though 51.1, 41.5 and 7.4 per cent respectively expressed mild, moderate and severe levels. That means that many adolescents can control external manifestations of anger, perhaps because of social pressure or personal attempts to cope with emotions (Jackson et al., 2011). Out of the total participants, 61.4 per cent said they have moderate control over anger, 23.9 per cent mildly controlling anger and 14.7 per cent severely controlling anger. Youths who experience low anger

control tend to expose themselves to behavioral issues such as aggression and academic failure (Okuda et al., 2015). In case of adolescents, 52.0 percent were characterized by moderate trait anger, 40.9 percent by mild, and 7.1 percent by severe. The hypothesis that high trait anger can predict increased anger expression and anger-in, as it leads to reduced anger control, is supported, proving previous theoretical speculations (Quinn et al., 2014).

Youngsters who have sufficient control of anger speak out less when angry indicating a sound emotional controls system. In anger-in, there were 56.7 percent in the moderate, 25.5 percent in the severe, and 17.8 percent in the mild. The anger-in has been correlated with such internalizing symptoms as anxiety and depression (Okuda et al., 2015).

Strength and Limitation of the Study

The strength of the current study is that this is the first study conducted on the prevalence of anger among adolescents especially in the context of District Bhimber. The limitation of the study was that the reliance on self-reported data can introduce biases such as social desirability and recall error. The study was conducted in only one region so it may not generalize to adolescents from other regions or cultural backgrounds.

Conclusion

This study contributes to a growing body of literature emphasizing the prevalence of anger expression in adolescence. Schools, families, and healthcare systems should collaboratively work to provide emotional development programs tailored to the needs of adolescents. The study underscores the need for school-based anger management programs and family interventions. Policymakers should tailor mental health policies to account for differences in school and family systems. Overall, the study advocates for early and holistic interventions that integrate emotional regulation training to enhance adolescent well-being.

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