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ANGER-A CASE STUDY ON HIGH SCHOOL STUDENTS

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ABSTRACT

Anger is a normal and healthy emotion. The response was taken from 3485 students studying in rural (1368) and urban (2117) Government schools of 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. The highest percentage recorded against 'frequently' is 29.79 among rural schools and 28.21% among urban schools. Against 'never' category 18.29% is the highest among rural and 11.43% among urban schools. Anger, impairs one's ability to process information and to exert cognitive control over their behavior. It also influences the student's health and career. So, parents shall take necessary care to manage the anger.

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INTRODUCTION

Anger is an intense emotional state. 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. It becomes the feeling behaviorally. predominant cognitively. 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). 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). Healthy anger is a powerful tool of human survival and adaptation. It is functional and in the service of valid goals. Anger becomes dysfunctional when it works against our best interests or our higher values (Kabir, 2018). Nasir and Ghani (2014) studied behavioral and emotional effects of anger expression and anger management among adolescents.

The present study was carried out to observe the degree of anger among rural and urban high schools distributed in and around Guntur Municipal Corporation, Andhra Pradesh India.

Types of Anger

Three types of anger are recognized by psychologists (Hughes, Rutledge press):

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- 1. Hasty and sudden anger is connected to the impulse for self-preservation. This form of anger is episodic.
- 2. Settled and deliberate anger is a reaction to perceived deliberate harm or unfair treatment by others. This form of anger is episodic.
- Dispositional anger is related more to character traits than to instincts or cognitions. Irritability, sullenness, and churlishness are examples of the last form of anger.

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 and Rudeness.

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, Headache, Depression, and Self Injury.

METHODOLOGY

A total of 3485 students (8th to 10th classes) was participated, out of them 1368 are studying in rural schools and 2117 in urban schools (Tables 1 and 2). 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)/sometimes (Medium)/never (Low)?". The purpose of the study and the details regarding anger were explained in their mother tongue. The response was analyzed

using statistical analysis. Percent variation was observed and presented under results and discussion.

Table 1 Class Wise Rural School Student's Strength

Class→		8th				9th				10th			
$Anger \rightarrow$. Uiah	Modium	Low	Total	Uiah	Modium	Low	Total	Uiah	Medium	Low	Total	
School	mgn	Medium	LUW	1 Otai	mgn	Miculum	LUW	1 Otai	mgn	Medium	LOW	1 Otai	
Chinakakani	9	34	16	59	11	35	10	56	17	36	10	63	
Namburu girls'	4	25	1	30	6	12	3	21	9	11	10	30	
Namburu	28	52	21	101	24	62	10	96	19	56	17	93	
Ponnekallu	13	68	11	92	12	59	7	78	21	52	16	89	
Takkellapadu	22	37	5	64	15	24	8	47	10	36	1	47	
Tadikonda girl'	14	31	3	48	10	35	8	53	8	34	3	136	
Venigalla	13	59	13	85	9	47	13	69	31	51	21	103	
Total	103	306	70	479	87	274	59	420	115	276	78	469	

Table 2 Class Wise Urban School Student's Strength

Class→	ass→ 8th				9th				10th			
Anger → School	High	Medium	Low	Total	High	Medium	Low	Total	High	Medium	Low	Total
SK	40	118	21	179	35	115	14	164	43	133	13	189
SGNKR	12	52	4	68	15	66	8	89	22	56	3	81
SJRR	59	60	11	130	33	78	14	125	30	56	7	270
SKS	33	60	7	100	28	61	5	94	27	89	2	118
P	19	67	6	92	18	63	2	83	8	66	3	77
KSR	4	42	6	52	19	50	4	73	6	49	10	195
SCMP	26	55	12	93	11	55	10	76	29	41	6	76
Total	193	454	67	714	159	488	57	704	165	490	44	699

RESULTS AND DISCUSSION

A percent variation of the rural and urban students, with various degrees of anger was shown in tables 3 and 4 and figures 1 to 4. The details are presented below.

Rural Schools

High

Highest percent of Takkellapadu (34.38) 8th class students were marked 'Anger getting frequently' (High), followed by Tadikonda girls' (29.17%) and Namburu (27.72%). In the case of 9th and 10th the highest percentage was noticed with Takkellapadu (31.91) and Venigalla (30.10) respectively (Figure 1).

Low

Highest percent of Chinakakani (27.12) 8th class students were expressed 'never getting anger' (Low), followed by Namburu (20.79%) and Venigalla (15.29%). In the case of 9th and 10th the highest percentage was noticed with Venigalla (18.84) and Namburu girls' (33.33) respectively (Figure 2).

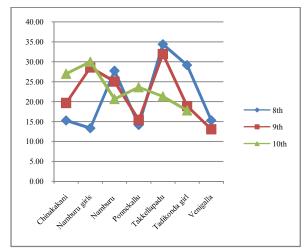


Figure 1 High Anger among Rural Students

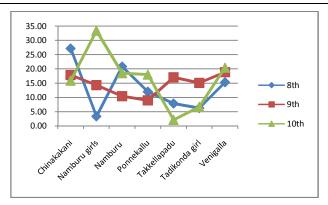


Figure 2 Low Anger among Rural Students

Urban Schools

High

Highest percent of SJRR (45.38) 8th class students were marked 'Anger getting frequently', followed by SKS (33.00%) and SCMP (27.96%). The highest percentage was noticed with SKS (29.79) and SCMP (38.16) in the case of 9th and 10th class respectively (Figure 3).

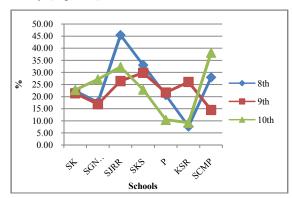


Figure 3 High Anger among Urban Students

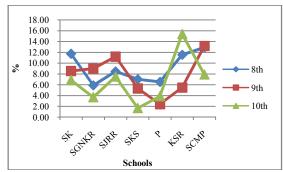


Figure 4 Low Anger among Urban Students

Low

Highest percent of SCMP (12.90) 8th class students was marked 'Never getting anger', followed by SK (11.73%) and KSR (11.54%). In the case of 9th and 10th class the highest percentage was noticed with SCMP (13.16) and KSR (15.38) respectively (Figure 4).

Table 3 Degree of Anger among Rural School Students (%)

Classes→		8th		9th			10th			
Anger→	TT? -1.	M. 2	T	TT:-L	M . 2	Low	TT! -1.	M. P	T	
Schools	- High	Medium	Low	High	Medium	LOW	High	Medium	Low	
Chinakakani	15.25	57.63	27.12	19.64	62.50	17.86	26.98	57.14	15.87	
Namburu girls'	13.33	83.33	3.33	28.57	57.14	14.29	30.00	36.67	33.33	
Namburu	27.72	51.49	20.79	25.00	64.58	10.42	20.65	60.87	18.48	
Ponnekallu	14.13	73.91	11.96	15.38	75.64	8.97	23.60	58.43	17.98	
Takkellapadu	34.38	57.81	7.81	31.91	51.06	17.02	21.28	76.60	2.13	
Tadikonda girls'	29.17	64.58	6.25	18.87	66.04	15.09	17.78	75.56	6.67	
Venigalla	15.29	69.41	15.29	13.04	68.12	18.84	30.10	49.51	20.39	

Table 4 Degree of Anger among Urban School Students (%)

Classes→ 8th					9th		10th			
Anger→	High	Medium	Low	High	Medium	Low	High	Medium	Law	
Schools	- Hign	Medium	Low	nigii	Medium	LOW	nigii	Medium	Low	
SK	22.35	65.92	11.73	21.34	70.12	8.54	22.75	70.37	6.88	
SGNKR	17.65	76.47	5.88	16.85	74.16	8.99	27.16	69.14	3.70	
SJRR	45.38	46.15	8.46	26.40	62.40	11.20	32.26	60.22	7.53	
SKS	33.00	60.00	7.00	29.79	64.89	5.32	22.88	75.42	1.69	
P	20.65	72.83	6.52	21.69	75.90	2.41	10.39	85.71	3.90	
KSR	7.69	80.77	11.54	26.03	68.49	5.48	9.23	75.38	15.38	
SCMP	27.96	59.14	12.90	14.47	72.37	13.16	38.16	53.95	7.89	

Comparative study

Comparison of anger among 8th to 10th class rural students was shown in table 5 and figures 5 and 6). Among the rural schools, highest percent of Takkellapadu (29.75) had expressed that they are 'getting anger frequently', followed by Chinakakani (20.79%) and Venigalla (20.62%). The lowest percent was observed with Tadikonda girls' (13.50%). In the case of urban schools, high anger among 8th to 10th (Table 5 and figure 5). Highest percent of SKS (28.21) had chosen 'never getting anger' categories, followed by SCMP (26.94%) and SJRR (23.24%). The lowest percentage was observed with KSR (9.06%).

Comparison of degree of anger among 8th to 10th class rural students was shown in table 5 and figure 3. Among the rural schools, highest percent of Chinakakani (20.22) had felt that they are 'getting anger frequently', followed by Venigalla (18.29%) and Namburu girls' (17.28%). The lowest percent was observed with Tadikonda girls' (5.91%). In the case of urban schools (Table 5 and figure 6) the highest percent of SCMP students (11.43) had expressed that they are 'never getting anger', followed by SK (9.02%) and SGNKR (6.30%). The lowest percentage was observed with P (4.37%). High anger causes health problems and 'never get angry' category not suitable for specific administrative strategies. 'Sometimes' category is preferable in the human life, as these persons express anger basing on the need.

Table 5 Comparative Study of Anger between Rural and Urban School students

Area	Rural	(%)	Ur	Urban (%)			
Anger→ Schools	High	Low	Anger→ Schools	High	Low		
Chinakakani	20.79	20.22	SK	22.18	9.02		
Namburu girls	23.46	17.28	SGNKR	20.59	6.30		
Namburu	24.48	16.55	SJRR	23.24	6.10		
Ponnekallu	17.76	13.13	SKS	28.21	4.49		
Takkellapadu	29.75	8.86	P	17.86	4.37		
Tadikonda girls'	13.50	5.91	KSR	9.06	6.25		
Venigalla	20.62	18.29	SCMP	26.94	11.43		

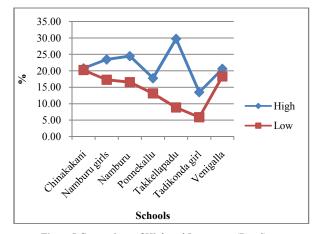


Figure 5 Comparison of High and Low anger (Rural)

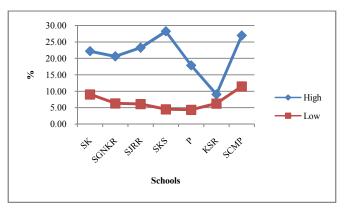


Figure 6 Comparison of High and Low anger (Urban)

Unlike other negative emotions like sadness and fear, angry people are more likely to demonstrate correspondence bias — the tendency to blame a person's behavior more on his nature than on his circumstances. They tend to rely more on stereotypes, and pay less attention to details and more attention to the superficial. In this regard, anger is unlike other "negative" emotions such as sadness and fear, which promote analytical thinking (International Handbook of Anger).

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). In inter-group relationships, anger makes people think in more negative and prejudiced terms about outsiders. Anger makes people less trusting, and slower to attribute good qualities to outsiders (DeSteno, 2004).

Coping Strategies

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).

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 with a trained professional, individuals can bring their anger to more manageable levels (Beck and Fernandez, 1998).

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).

A new integrative approach to anger treatment has been formulated by Ephrem Fernandez (2010) (Toward an Integrative Psychotherapy for). 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 affective techniques to deal with the feeling of anger. The techniques are sequenced contingently in three phases of treatment: prevention, intervention, and postvention.

CONCLUSION

Psychologically and physiologically anger is a prominent feeling. There is no much difference in 'frequently getting high degree of anger between rural and urban school students. However, there is a significant percent (6.86%) between rural and urban in case of 'never getting anger' category. From the study, it is observed that 13.5 to 29.75% of rural students and 9.06% to 28.21% of urban school students felt that they are getting anger frequently. 5.91% to 20.22% of rural students and 4.37% to 11.43% of urban students expressed that they 'never getting angry'. School managements shall create awareness about the anger and its influence on students health and career and teach them the management techniques.

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