ANGER MANAGEMENT AND ENHANCEMENT OF INTERPERSONAL RELATIONSHIP IN ADOLESCENTS THROUGH POSITIVE THERAPY

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ABSTRACT

Adolescence is a transitional stage of physical and mental human development that occurs between childhood and adulthood which unfolds gradually touching upon many aspects of the individual's behavior, development and relationships. Most young people are able to negotiate this transition successfully, while some adolescents, however, are at risk of developing certain problems, such as eating disorders, drug or alcohol use, depression, violent behavior, anxiety, stress or sleep disorders. Hence, the present study examines the effectiveness of positive therapy in helping the adolescents to manage their anger and enhance their interpersonal relationship. First year under graduate students in the age group of 17-19 years from the Faculty of Humanities (N=77) and Science (N=83), were selected to serve as the sample through purposive sampling. They were assessed using State Trait Anger Expression Inventory (STAXI), Family Environment Scale (FES) and were given the psychological intervention, Positive Therapy. There was a significant reduction in the mean state anger from 'Moderate' (27.80) to 'Low' (19.04) after the intervention. As for family interpersonal relationship, the sample showed reduced conflict and improved cohesion, expressiveness and acceptance/caring (53.64) after intervention. There was no difference between the two groups, Humanities and Science for trait anger (F=0.09) and interpersonal relationship (F=3.08).

INTRODUCTION

"The day the child realizes that all adults are imperfect, he becomes an adolescent; the day he forgives them, he becomes an adult; the day he forgives himself, he becomes wise"

- Nowlan

Adolescence (from Latin: adolescere meaning "to grow up") is a transitional stage of physical and mental human development that occurs between childhood and adulthood. This transition involves biological (i.e. pubertal), social and psychological changes, though the biological or physiological ones are the easiest to measure objectively (Dictionary.com, 2010). Adolescence emerged as a concept in the 1890s, when psychologists began investigating the abilities, behaviors, problems and attitudes of young people between the onset of puberty and marriage. Historically, puberty has been heavily associated with teenagers and the onset of adolescent development (Deborah, 2008). In recent years, however, the start of puberty has had increase in preadolescence (particularly females, as seen with early and precocious puberty) and adolescence has had an occasional extension beyond the teenage years (typically males). These changes have made it more difficult, to rigidly define the time frame in which adolescence occurs (Mark, 2008).

The end of adolescence and the beginning of adulthood varies by country and by function and furthermore even within a single nation-state or culture there can be different ages at which an individual is considered to be (chronologically and legally) mature enough to be entrusted by society with certain tasks. Such milestones include but are not limited to, driving a vehicle, having legal sexual relations, serving in the armed forces or on a jury, purchasing and drinking alcohol, voting, entering into contracts, completing certain levels of education and marrying. Adolescence is usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision, contrary to the preadolescence stage (Deborah, 2008).

TRANSITIONS IN ADOLESCENCE

Adolescence is a time of moving from the

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immaturity of childhood into the maturity of adulthood. Experts think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually and that touch upon many aspects of the individual's behavior, development and relationships. These transitions are biological, cognitive, social and emotional (Steinberg, 2004).

BIOLOGICAL TRANSITIONS

The biological transition of adolescence, or puberty, is perhaps the most observable sign that adolescence has begun. More broadly speaking, puberty is used as a collective term to refer to all the physical changes that occur in the growing girl or boy as the individual passes from childhood into adulthood (Blondell, 2000).

COGNITIVE TRANSITIONS

A second element of the passage through adolescence is a cognitive transition. Compared to children, adolescents think in ways that are more advanced, more efficient and generally more complex. This is evident in five distinct areas of cognition, namely:

1. During adolescence individuals become better able than children to think about what is possible, instead of limiting their thought to what is real.
2. During the passage into adolescence, individuals become better able to think about abstract topics that involve such abstract concepts as friendship, faith, democracy, fairness and honesty.
3. During adolescence individuals begin thinking more often about the process of thinking itself or metacognition. As a result, they display increased introspection and self-consciousness and develop a sort of egocentrism or intense preoccupation with the self.
4. Thinking tends to become multidimensional, rather than limited to a single issue.
5. Finally, adolescents are more likely than children to see things as relative, rather than absolute. They are more likely to question others' assertions and less likely to accept "facts" as absolute truths (Foster, 2001).

EMOTIONAL TRANSITION

Adolescence is also a period of emotional transition, marked by changes in the way individuals view themselves and in their capacity to function independently. As adolescents mature intellectually and undergo cognitive changes, they come to perceive themselves in more sophisticated and differentiated ways (Paulu, 2004).

SOCIAL TRANSITION

Accompanying the biological, cognitive and emotional transitions of adolescence also important are changes in the adolescent's social relationships. One of the most noteworthy aspects of the social transition into adolescence is the increase in the amount of time individuals spend with their peers. The search for intimacy intensifies and self-disclosure between best friends becomes an important pastime (Rutherford, 2002).

PROBLEMS OF ADOLESCENTS

Most young people are able to negotiate the biological, cognitive, emotional and social transitions of adolescence successfully. Some adolescents, however, are at risk of developing certain problems, such as:

1. Eating disorders such as anorexia nervosa, bulimia or obesity
2. Drug or alcohol use
3. Depression or suicidal ideation
4. Violent behavior
5. Anxiety, stress or sleep disorders
6. Unsafe sexual activities (Steinberg, 2004).

Although it is incorrect to characterize adolescence as a time to which the family ceases to be important and is bound by inherent and inevitable family conflict, it is also a period of significant change and reorganization in family relationships. Family relationships change most around the time of puberty, with increasing conflict and decreasing closeness occurring in many parent-adolescent relationships. Changes in the ways adolescents view family rules and regulations may contribute to increased disagreement between them and their parents. Similarly, the diminished closeness is more likely to be manifested in increased privacy on the part

of the adolescent and diminished physical affection between teenagers and parents, rather than any serious loss of love or respect between parents and children. Research suggests that this distancing is temporary, and that family relationships may become less conflicted and more intimate (Rutherford, 2002).

INTERPERSONAL RELATIONSHIP

An interpersonal relationship is an association between two or more people that may range from fleeting to enduring. This association may be based on humour, love and liking, regular business interactions or some other type of social commitment. Interpersonal relationships take place in a great variety of contexts, such as family, friends, marriage, associates, work, clubs, neighborhoods and churches. They may be regulated by law, custom, or mutual agreement and are the basis of social groups and society as a whole. People in a relationship tend to influence each other, share their thoughts and feelings and engage in activities together. Because of this interdependence, most things that change or impact one member of the relationship will have some level of impact on the other member. Although humans are fundamentally social creatures, interpersonal relationships are not always healthy. Examples of unhealthy relationships include abusive relationships and codependence (Sherk, 2002).

Interpersonal relationships are dynamic systems that change continuously during their existence. They tend to grow and improve gradually, as people get to know each other and become closer emotionally or they gradually deteriorate as people drift apart and form new relationships with others (Dave, 2003).

The status of a relationship goes along with the way one communicates with others. Interpersonal relationships and communication is a two-way street, which needs to be clear at both ends. Communication is a very important component to a successful relationship. As time goes on, people's attitudes change because they have become more comfortable with a person. This could hurt the way the sender may send the message or the receiver interprets the message. In other words, individuals will not always feel that the other person's ideas are valuable or creditable.. The way to interpret a person who communicates is different depending on the person; therefore, the transmission model is a hard way to partake in an interpersonal relationship, because the interpretation of a message can change at any time. If the message is taken the wrong way, it could be detrimental to the relationship (Reynolds, 2004).

NEED FOR THE STUDY

Adolescence is the time when independent behavior manifests. Almost all adolescents, regardless of race or class, undergo similar biological changes but the social and psychological parameters appear to have become increasingly complex and diverse. Although the most common images of adolescents set them inside the youth-oriented consumer culture of clothes, music and movies, the darker side of growing up had captured increasing attention. Poverty, sexual abuse, substance abuse, learning disabilities, depression, eating disorders and violence have come to characterize youthful experiences as much as the qualities of fun-and freedom seeking depicted by the media and marketers. They do not take things in a stride as easily as others. On the flip side, anger over-powers them making it difficult to control and it is not uncommon to suffer the consequences, including serious impacts on relationships, health, work performance and overall quality of life. Mismanaged anger is counterproductive and can create problems with relationship. Positive Therapy is a holistic approach, which will help the adolescents to manage anger and enhance their interpersonal relationship. Therefore, an attempt is made in the present study, to help the adolescents manage their anger and enhance their interpersonal relationship through Positive Therapy.

METHODS

OBJECTIVES

The study was conducted with the following objectives:

1. To assess the level of state and trait anger in adolescents
2. To ascertain the efficacy of Positive Therapy

in the management of state anger in adolescents
3. To ascertain the efficacy of Positive Therapy in the management of anger expression in adolescents
4. To assess the level of interpersonal relationship in adolescents
5. To ascertain the efficacy of Positive Therapy in the enhancement of interpersonal relationship of adolescents
6. To find the relation between trait anger, anger expression and interpersonal relationship
7. To find the difference in trait anger and interpersonal relationship between Humanities and Science Faculty

AREA

Avinashilingam Deemed University for Women, Coimbatore, Tamil Nadu, was selected as the area to conduct the study. The reasons for choosing the above institution are: Easy accessibility; Permission and facilities provided by the authorities to carry out the action research; Willingness and co-operation of the students to serve as subjects in the action research; Availability of the required number of sample for the study.

SAMPLE

First year under graduate students in the age range of 17-19 years from the Faculty of Humanities (N=77) and Science (N=83) were selected by purposive sampling technique to serve as the sample of the study.

TOOLS

State Trait Anger Expression Inventory (STAXI), a self-rating questionnaire constructed and standardized by Speilberger (1998) was used to assess the level of anger. Family Environment Scale (FES) constructed and standardized by Bhatia and Chadha (1993) was used to assess the level of interpersonal relationship. Positive Therapy Handbook for healthy, happy and successful living (Natesan, 2004) is a package, which combines the Eastern Techniques of Yoga and the Western Techniques of Cognitive Behaviour Therapy.

PROCEDURE

First year under graduate students from the Faculty of Humanities (N=77) and Science (N=83) were assessed using STAXI and FES and Positive Therapy, a psychological intervention was given after which they were re-assessed using the same tools. Positive Therapy was given in groups to all the adolescents. Six sessions were given over a period of two weeks. Each session lasted for one hour. Individual counselling was also given. After two weeks, the sample was re-assessed using STAXI and FES. The experimental design used in this research was 'Assessment before and after treatment without control group'.

EMPIRICAL FINDINGS

TABLE I

LEVEL OF STATE ANGER AND TRAIT ANGER OF THE SAMPLE

N=160

Level of Anger	State Anger		Trait Anger	
	Number	Percentage	Number	Percentage
High	67	42	58	36
Moderate	93	58	102	64
Low	0	0	0	0

Percentages are rounded off

TABLE- II

MEAN STATE ANGER BEFORE AND AFTER INTERVENTION

Condition	Mean (S.D.)	Mean Difference	t
Before Intervention	27.80 (3.88)	8.76	40.50*
After Intervention	19.04 (3.66)		

* $p < 0.01$

TABLE III

MEAN ANGER EXPRESSION BEFORE AND AFTER INTERVENTION

N=160

Anger	Before Intervention Mean (SD)	After Intervention Mean (SD)	Mean Difference	t
In	21.52 (4.33)	16.00 (3.39)	5.52	17.00*
Out	19.85 (4.65)	15.89 (3.77)	3.96	11.92*
Control	20.14 (4.80)	22.95 (5.48)	2.81	6.35*
Expression	37.66 (6.12)	24.92 (5.78)	12.74	28.55*

* p < 0.01

TABLE IV
LEVEL OF INTERPERSONAL RELATIONSHIP OF THE SAMPLE

N=160

Level of Interpersonal Relationship	Cohesion		Expressiveness		Conflict		Acceptance / Caring	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
High	0	0	0	0	94	59	0	0
Moderate	86	54	63	40	66	41	84	52
Low	74	46	97	60	0	0	76	48

Percentages are rounded off

TABLE V
MEAN INTERPERSONAL RELATIONSHIP BEFORE AND AFTER INTERVENTION

N = 160

Interpersonal Relationship	Before Intervention Mean (S.D.)	After Intervention Mean (S.D.)	Mean Difference	t
Cohesion	47.77 (5.80)	55.94 (5.95)	8.17	35.01*
Expressiveness	28.01 (5.21)	37.45 (5.05)	9.44	32.47*
Conflict	36.14 (5.97)	47.15 (5.40)	11.01	21.43*
Acceptance & Caring	43.18 (6.67)	53.64 (5.22)	10.46	32.67*

* p < 0.01

TABLE VI
CORRELATION BETWEEN TRAIT ANGER, ANGER EXPRESSION AND INTERPERSONAL RELATIONSHIP

N=160

Variable	Interpersonal Relationship	Trait Anger	Anger Expression
Mean (S.D.)	155.10 (17.70)	27.40 (3.34)	37.66 (6.12)
r		-0.54	-0.32

*Significant at 0.01 level

Anger is the state of extreme displeasure of being angry. Anger can be very situational. State Anger is the intensity of anger as an emotional state at a particular time. Trait Anger is how often angry feelings are experienced over time. Usually when people are sad, they don't do anything. They just cry over their condition. But when one is angry, one brings about a change like physical reactions, cognitive experiences and a wide range of behaviors that accompany anger.

Table I shows the level of state anger and trait anger among the sample. Adolescents with 'High' state anger (42%), experience relatively intense angry feelings. Their feelings are likely to be determined by the situations. They report relatively intense feelings of angry emotions and express their anger verbally or physically. These feelings are relatively less in adolescents with 'Moderate' state anger (58%), though they also experience intense anger. Adolescents with 'High' trait anger (36%) frequently experience angry feelings and often feel others treat them unfairly. They get frustrated easily and are quick-tempered. Adolescents with 'Moderate' trait anger (64%) are less impulsive and are not necessarily vicious or vindictive in attacking other persons, though they also lack anger control. It is interesting to note that none of them have 'Low' state or trait anger in this group. This is very characteristic in that, adolescents are instinctually anger prone. Their urge to launch a

counterattack in a show of power is strong, especially when they experience injustice and conflict.

Anger is a normal emotion with a wide range of intensity, from mild irritation and frustration to rage. It is a reaction to a perceived threat to oneself, loved ones, property, self-image or some part of one's identity. Ignoring the situation will not make it go away and may mean that people won't stand up for themselves when they should. It can lead to passive-aggressive behavior, lashing out causing stress and health problems. However, how one responds is entirely up to them. People learn how to respond to the anger they feel. If they habitually respond quickly and heatedly, it's a matter of relearning how to stop and think in order to make more rational choices.

Table II indicates that the mean State Anger (27.80) was moderate as per norms before the intervention of Positive Therapy. After the administration of Positive Therapy for six sessions, the mean state anger reduced to 'Low' (19.04). This shows that the intervention of Positive Therapy did benefit the adolescents in learning to control and channelize their anger constructively. The mean difference in state anger (8.76) before and after treatment and the't' value (40.50) is statistically significant at 0.01 level.

There are three main approaches to expressing anger - expression (anger out), suppression (anger in) and calming (anger control). Expression involves conveying one's feelings in an assertive but not aggressive, manner. This is the best way to handle one's anger. However, one must make sure that they are respectful of others and are not being overly demanding or pushy, as this is likely to produce aggression in return. Anger can also be repressed and redirected. Essentially, one wants to stop thinking about the source of one's anger and focus on something else that can be approached constructively. However, one must be careful when repressing angry feelings. Repressing anger with no constructive outlet can be dangerous and damaging, both physically and mentally. On the other hand, the old idea that one should simply "vent" or "let it all out" is discouraged, as doing so is actually counterproductive. Finally, one can respond to anger by focusing on calming down - controlling one's external and internal responses (heart rate, blood pressure, etc) to anger.

Table III clearly points out the mean, mean difference and 't' value for anger expression. Before intervention the Mean Anger Expression (37.66) was on the 'High' as per norms. Adolescents experience intense angry feelings and they tend to suppress anger or express in aggressive behaviour, or both. Most frequent mode of anger in this group is 'Anger In' as is evident from the mean (21.52) indicating that they tend to suppress their feelings. The Mean 'Anger Out' (19.85) of the group is low as per norms conveying the fact that they are constrained in expressing their anger, which could be attributed to the nature of the situation and environment. The mean 'Anger Control' (20.14) indicates the low development of internal and external control over the experience and expression of anger. The need to control anger is impressed upon in adolescents as otherwise they become rebellious. After the intervention of Positive Therapy, it is reassuring to find a reduction in the adolescents' expression of anger (24.92). Positive Therapy facilitated rapid change in the subject's perception, which helped to reduce the impact of anger in their daily lives. The intervention had a beneficial effect in minimizing anger suppression and physical or verbal expression and thereby enhancing anger management. The mean difference in anger expression (12.74) before and after intervention and 't' value (28.55) are statistically significant at 0.01 level and so are anger in, anger out and anger control values.

Interpersonal relationship is the unison of cohesion, expressiveness and acceptance / caring where conflict is inevitable. Table IV shows the level of interpersonal relationship of the sample. Most of them had moderate (54%) or low (46%) levels of cohesion. None of them had high levels of cohesion in this group, indicating that these adolescents lack a sense of togetherness with their family. This is also evident from their low levels of expressiveness (60%) and acceptance / caring (48%). It may also be a result of the high conflict (59%) present among these adolescents. They are unable to express themselves openly

for fear of someone reacting to it angrily. Expressing their opinion is discouraged by the family, as adolescents are considered still young and unable to understand things. As a reason, they are at odds not knowing what is right or wrong and feel rejected when it comes to family issues.

A relationship is characterized by the level of cohesion, expressiveness and acceptance / caring one has for the other devoid of conflict. Cohesion is the intimacy and togetherness experienced within the family. Expressiveness denotes the openness of a person in showing her true feeling towards one another. Acceptance / caring is the positive regard shown by a person. Conflict is being at odds or inconsistency.

Table V reveals the relatively 'Low' levels of mean cohesion (47.77), average expressiveness (28.01), average acceptance/caring (43.18) and 'High' Conflict (36.14) before intervention. While higher score in the subscales indicate affirmative relationship, in conflict dimension, it is the reverse; lower the score higher the conflict. By applying Positive Therapy, the adolescents were made to understand that feeling angry and expressing anger physically or verbally only makes relationship worse. They were trained to express their views assertively. The counselling techniques of Positive Therapy helped them to get rid of their anger, worry, fear and anxiety. It is gratifying to find that the sample showed reduced conflict (47.15) and improved cohesion (55.94), expressiveness (37.45) and acceptance / caring (53.64) after they underwent Positive Therapy. The mean difference and the't' values are statistically significant at 0.01 level.

Every individual is different in her own way. Trait anger indicates disposition to perceive a wide range of situations as annoying and frustrating. The sample by their very nature experience mixed emotions dominated by anger as a reaction to questioning. Anger the common emotion in adolescents when triggered influences their interpersonal relationship.

Table VI shows the correlation co-efficient between trait anger and interpersonal relationship (-0.54) and anger expression and interpersonal relationship (-0.32), significant at 0.01 level and is inversely related as is indicated by the negation. This clearly indicates the trend, in that, with the increase in anger there is bound to be difficulty in interpersonal relationship becoming strained.

CONCLUSION

In short, this action research has thrown light upon the beneficial effects of Positive Therapy in the management of anger and enhancement of interpersonal relationship in adolescents. Further, it also helped the adolescents to express their views assertively and develop positive perception towards themselves, their family and life. However, as the adolescents were of the same age group and from the same University, the impact of peer influences was profound that there were not many variations in their views.

RECOMMENDATIONS

Psychologists should be appointed in colleges and other Universities to provide counselling to the adolescents

Anger Management programme and Personality Development workshops can be conducted in Universities for the adolescents.REFERENCES

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