



# The Effects of Anger Management Skills Training on Aggression, Social Adjustment, and Mental Health of College Students

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**ABSTRACT:** Anger is a sign that evokes aggressive behavior. Aggression can cause emotional, psychological or physical damage to others. This research aimed to determine the effect of anger management skills training on aggression, social adjustment, and mental health of students. This research is a pretest-posttest control group experimental study. The sample of this study was a group of 40 students, who had high aggression scores. The sample, was randomly divided and assigned to an experimental and a control group. The experimental group received the anger management skills training program in eight sessions, two sessions a week, each session 90 minutes. During this period, the control group received no intervention. Pretest and posttest measures were acquired in aggression, social adjustment, and mental health for both groups. Results showed significant differences between two groups in all measures. Compared with the control group, experimental group's aggression was decreased and their social skills, social adjustment, and mental health were improved. Research findings showed that college students training in anger management skills, improves their social adjustment, social skills, and mental health. All these improvements are attributable to reductions in their aggressive behaviors due to educations.

**Keywords:** Aggression, Mental Health, Anger Management Skills, Social Adjustment, College Students

ORIGINAL ARTICLE

## INTRODUCTION

Anger and aggression are universal emotions that are found in all cultures. This is one of the most common behavioral problems that are causing inconvenience and distress among young youth and those around them, which can unbalance mental health. Anger is a strong emotional response to deprivation and provocation, which is determined by spontaneous incitement increase and the central nervous system activity modifications (Kendall, 2000). Anger is an emotional state, from temperate to extreme range of agitation, and often it manifests when objectives or needs of individuals are blocked. It is an emotional and defensive reaction that appears in the event of failure, being ignored or being attacked. Anger makes us aggressive and rebellious. Aggression can cause emotional, psychological, or physical harms to others such as hitting, kicking, punching, spreading unpleasant rumors about a person, and scorning others' behavior and actions.

Aggression has been defined as bringing hurt or direct punitive actions to others. Ramirez et al. (2003) argue that hostility is an aggressive attitude that directs a person toward aggressive behavior, while aggression is an observable behavior and can be attributed to an intentional harm. In fact, anger is an emotion, hostility is an attitude, and aggression is a behavior. In short, it can be said that the hostility has been attributed to cognitive factors or feedbacks, and may be a basis for increased anger and aggression.

The relation between anger and aggression is that anger is an activating factor for aggression, and this is a facilitating relation rather than cause and effect; however, anger does not always cause aggression.

Adjustment is a useful and effective behavior of human being in compatibility with physical and psychological environment, in a way that not merely conforms to the environment changes and not contents itself to blind imitation. It can also affect the environment and change it in an appropriate way (Barlow, 1992). According to behaviorists; adjustment is achieved when the correct answer is given to environmental stimuli in a way that makes the greatest reinforcements. Adjustment will vanish, if organism behaves in a way that causes unpleasant stimulus. In behaviorist approach, adjustment depends on the situation. In other words, organism may have an adaptive behavior in a situation and a maladaptive in other situation. Therefore, a situation motivates the behavior of organism and this behavior will be in a continuum of adjustment and maladjustment.

Carl Rogers believes that the base of adjustment is coordination of self-concept with experiences of the organism. Whenever a person's perception of his experience is correct, a state of unity or internal adjustment occurs between self and the person's experiences (Shafi Abadi, et al., 1999). From a psychological perspective, a well-adjusted person

refers to someone who has the ability to process information correctly, and because he is able to do so, he sets a realistic value system, which prevents painful mental fluctuations and suffering by others (Prochaska et al., 1999). Social adjustment is the compatibility of a person with the environment, which may be achieved by modifying self or the environment (Pour Afkari, 2001).

In the explanation of health and mental illness, each psychological approach, considers specific aspects of human nature and psychological phenomena based on its viewpoint. Psychoanalysis view emphasizes on the conflicts between environmental factors and suppressed instinctive motives, unconscious desires and the extension of conflicts between personality structures. Behaviorists pay attention to the training of correct patterns and learning factors. Social learning theory is based on modeling and observational learning. Cognitive view underlies the role of personal structures, mental schemas, and cognitive factors. Humanist psychologists pay attention to the role of motivational needs, self-concept and tendency to self-actualization. Developmental psychology considers the role of crises in life cycle and the ability to manage the conflict due to these crises. Finally, social psychologists pay attention to the role of the quality of interpersonal relationships and social competence in the process of health - mental illness. Therefore, a person's mental health can be defined as adjustment with surrounding world, which brings joy and productivity in life without inconvenience.

Anger control training refers to an organized psychological - educational intervention that is performed in order to enhance anger control skills that reduces the vulnerability in normal people or specific groups of clinical population. This educational-therapeutic intervention is most suitable for those who are not skillful in anger management and because of repetitious excitation of anger and its inappropriate expression suffer from some physical or mental disorders or who are susceptible (Goedhard et al., 2006).

In many cases, aggressive people carry out harsh and rough acts due to lack of healthy social relations and ways to resolve personal and collective conflicts. Kylner et al. (1995) found that group training of anger control enhances social skills, group coherence, altruism, and mental catharsis in youth. Burns et al. (2003) concluded that people who were kept at the end of treatment had less anger and negative side effects of it, and drug use and relapse among them was lower than psychotherapy group. Jons et al. (2004) reported that people who finished "Anger Management Training" showed a decrease in

aggression, enhanced self-control and mental and physical improvement. Herrmann et al. (2002) showed those persons who received "anger control training" had significantly lower rates of aggression at home and school, and higher rates of anger control in comparison with control group. Burns et al. (2003) found that anger management programs is useful for people who have learning difficulties, and that this intervention is beneficial in reducing aggressive behavior and experiencing less anger.

Jons et al. (2004) results showed learning anger management skills decrease negative anger expressions, increase anger control, and significantly reduces tendency to aggressive behaviors. Dean et al. (2007) concluded that cognition has a fundamental role in the response to an anger experience, and free discussion (useful debate) in critical events (trouble, irritation) shapes social appearance and strengthens social relations. Burns et al. (2003) concluded that participation in an anger management program for eight sessions could lessen anger level of experimental group members.

Allahyari (1998) showed that tension reduction therapy could decrease the level of aggression in adolescents. Arefi (1999) reported that there is significant relation between aggression and social-emotional adjustment in students. Sadeghi (2001) showed that group training of anger control could decrease aggressive behavior in youth. Rafezi (2004) showed that anger control training has a permanent and great influence on aggression lessening. Mohammadi (2006) concluded that anger management training reduces violence in couple's relationship and prevent them from its mental and physical consequences. Navidi (2006) found anger management training significantly increase self-regulation, adjustment, and stress reduction in teenagers. The studies of Esmaili (2001), Yadavari (2004), Verdi (2004), Samari et al. (2005), Haghighi et al. (2006), Barlow (1992), all showed that life skills training has a positive effect on mental health.

Given the importance of anger management in mental health, psychological well-being, physical health, and interpersonal relationships of adolescent students, the aim of this study was to investigate the effect of anger control skills training on aggression, social adjustment, mental health, and social skills in students.

## **MATERIALS AND METHODS**

This is an experimental study based on the pretest-posttest control group design. Sampling and assignment was random. From among statistical universe (650 students) 40 students who had acquired higher scores in aggression test was selected as the

research sample and randomly assigned to the experimental and control groups.

**Eysenck Aggression Inventory** was administered for measuring aggression, **California Personality Test (CPT)** was used for social adjustment, social skills subtest in the California Personality Test was used for measuring social skills, and **General Health Questionnaire (GHQ28)** was used for mental health. While the control group received no intervention, training program for experimental group arranged based on common principles of "Mootabi anger control training curriculum" (Mootabi, 2004) for eight weeks, two sessions per week and 90 minutes each session, as follows:

- 1- Introducing the program and expectations and making agreements.
- 2- Comprehending the concept of anger and aggression.
- 3- Recognizing the physical signs of anger and early diagnosis of it.
- 4- Self Relaxation
- 5- Changing the negative self-talking and using of verbal self-training
- 6- Learning to express anger in adaptive ways (assertiveness)
- 7- Problem-solving training.
- 8- Evaluation of the program, and administration of the tests.

## RESULTS

To compare the scores of experimental and control groups in pre-test and post-test of aggression test, related t-tests were used. Table 1 compares the experimental data on aggression obtained from two groups before and after training.

As table 1 shows, there is a significant difference ( $t = 7.84$ ,  $p < 0.01$ ) between the pre-test and post-test scores of experimental group, while, in comparison, there isn't such a difference in control group ( $t = 1.68$ ,  $p > 0.05$ ). A clear benefit of the program in the prevention of aggression can be identified in this analysis. Given the mean scores of pre-tests and post-tests, comparing the two results indicate that anger management skills training decrease students' aggression.

Table 2 to 4 show the results of t-tests for comparing experimental and control groups in terms of their social adjustment, social skills, and mental health in pre-test and post-test stages. As these tables show, there are significant differences between the two groups in all three measures. A comparison of mean scores of pretests and posttests of the groups in these measures reveals that anger management skills training has improved students' social adjustment, social skills, and mental health. All these results are significant at the  $p = 0.01$  level. No significant differences were found between pretests and posttests of control group.

**Table 1:** T-test results comparing experimental and control groups' pre-test and post-test scores on aggression

Group		mean	Variance	Number	t	sig
Control	Pre-test	19.52	2.66	20	1.68	$p > 0.05$
	Post-test	18.73	1.74	20		
experimental	Pre-test	19.02	2.16	20	7.84	$p < 0.01$
	Post-test	11.45	0.79	20		

**Table 2:** T-test results comparing experimental and control groups' pre-test and post-test scores on social adjustment

Group		mean	Variance	Number	t	sig
Control	Pretest	57.36	19.98	20	1.25	$p > 0.05$
	post-test	59.31	28.94	20		
experimental	Pretest	59.84	24.21	20	7.3	$p < 0.01$
	post-test	69.48	10.71	20		

**Table 3:** T-test results comparing experimental and control groups' pre-test and post-test scores on social skills

Group		mean	Variance	Number	t	sig
Control	Pretest	10.93	7.78	20	1.16	$p > 0.05$
	post-test	11.03	6.97	20		
experimental	Pretest	10.71	5.43	20	9.21	$p < 0.01$
	post-test	15.87	0.85	20		

**Table 4:** T-test results comparing experimental and control groups' pre-test and post-test scores on mental health

Group		mean	Variance	Number	t	sig
Control	Pretest	24.65	7.73	20	1	$p > 0.05$
	post-test	23.79	7.13	20		
experimental	Pretest	23.10	5.57	20	14.07	$p < 0.01$
	post-test	15.22	0.74	20		

## DISCUSSION

The present study was designed to determine the effects of anger control skills training on aggression, social adjustment, mental health, and social skills in students. One of the more significant findings to emerge from this study is that anger management skills training decrease students' aggression. This study produced results which corroborate the findings of a great deal of the previous work in this field. The findings of the current study are consistent with those of Arefi (1999), Maleki (2006); as well as with the view point of those who found that anger control training can decrease aggression in individuals effectively. Therefore, it can be said that since aggression is a learned behavior, anger control training is also employs a learned behavior that results in aggression reduction.

The second major finding was that anger management skills training enhances students' social adjustment. This finding is consistent with previous research such as Arefi (1999), and Navidi (2006) suggest that since anger control training decreases anger and aggressive behavior, it results in increase in social adjustment.

The results of this investigation also show that anger management skills training enhanced students' social skills. This finding is in agreement with research results reported by Maleki (2006), Kellner et al. (1995), Herrmann et al. (2002), and Burns et al. (2003). This finding supports the idea that anger control training decreases aggression and, as a result, social adjustment and social skills improves.

Another important finding of this experiment was that anger management skills training enhanced students' mental health. This finding is consistent with research results reported by Esmaeili (2001), Yadavari (2004), Verdi (2004), Ramesht et al. (2004), Naseri et al. (2004), Samari et al. (2005), Haghighi et al. (2006), Sobhi Garamaleki (2010), Barlow (1992), and Victoria et al. (2009). A possible explanation for this might be that anger control training decreases aggression and because of this, social adjustment, social skills, and mental health get better.

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