

Causes and Effects of Adolescent Anger

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Abstract

Adolescence can be a tumultuous period for many youth due to the numerous physical, emotional, and intellectual changes occurring during this time. Many problems can occur when young men and women are adjusting to these changes, one of which is the experience of anger. Though the experience of anger itself is not always negative, individuals who are not well-equipped to deal with the emotion may express anger in maladaptive ways, leading to a variety of problems. Aggression, depression, and suicide are a few of the problems related to anger. In addition to understanding the impact of anger, it is also important to understand why some youth are more likely to experience anger. Social support, bullying, family interactions, personality, and home environment have been identified as contributing factors (either negatively or positively). After examining causes and effects of anger, this paper also seeks to elucidate possible interventions for the problem.

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Causes and Effects of Adolescent Anger

Due to the numerous stressors that exist in our society today, anger is a common experience for many people, especially adolescents. According to Spielberger (as cited in Puskar, Ren, & Bernardo, 2008), there are two aspects of anger: state anger and trait anger. State anger is an emotional response to a provoking incident, while trait anger tends to occur more frequently in some individuals than others. Trait anger may occur in situations where most people would not respond in the same manner. Anger in adolescents is associated with many problems, including aggression. According to Novaco (as cited in Taylor, Novaco, Gillmer, & Thorne, 2002), though it does not always lead to aggression, anger is often a precursor to aggression, particularly very intense anger, as this type of anger can decrease a person's ability to control his or her behavior.

Individuals express anger differently and for different reasons. Most people think of aggression as the physical expression of anger, though it is possible to express anger in nonviolent ways as well. Physical violence, however, is more visible and tends to result in more critical outcomes. The National Center for Education Statistics (2010) reported that approximately 1.9 million crimes occurred in elementary and secondary schools throughout the nation, meaning about 40 students per 1,000 were victims of some type. These statistics do not include bullying or cyber-bullying, which are also serious types of aggression. In 2009, 28 percent of students ages 12-18 reported feeling bullied by one or more of their peers (Institute of Educational Sciences, n.d.). Anger has also been linked to other serious problems, such as depression, suicide, and substance abuse (Daniel, Goldston, Erkanli, Franklin, & Mayfield, 2009). Problems of this magnitude often affect

a student's ability to meet their full potential. Deffenbacher, Lynch, Oetting, and Kemper (1996) suggest that individuals with high trait anger are more likely to have interpersonal problems, academic difficulties, and conflict in their jobs. When students believe they have the necessary resources to deal with difficulties, they are more likely to make wise choices. If, on the other hand, they feel that they cannot face a problem, they may make poor choices. For example, according to Csibi & Csibi (2011), some studies have shown that girls often use avoidance when dealing with stressful situations, which causes emotional tension. Eventually, that tension must be released in some way, such as aggression towards their peers. This can lead to further interpersonal problems, which may have been the initial cause of the stress.

In order for educators and counselors to effectively serve adolescents and identify solutions for preventing these outcomes, it is important for them to be aware of the factors that can contribute to the expression of anger. Perceived social support, emotion regulation, family environment, and personality are some of the contributing factors (Puskar, et al., 2008; Turblad, Grann, & Lichtenstein, 2006; Sanz, Garcia-Vera, & Magan, 2010). Fortunately, there are several school-based programs that have shown promise in addressing some of the core issues related to anger. An awareness of the available programs in the field as well as the task of evaluating and researching their effectiveness are crucial steps in addressing the problem of anger. If schools and mental health professionals can address the problem at an early age, perhaps it will prevent more serious problems during adulthood.

Review of Literature

Problems Related to Anger

Leff et al (2010) assert that there are two main types of aggression: physical and relational. Physical aggression tends to be more overt, like hitting or pushing others. It Relational aggression is less overt and does not involve direct contact with others, but it can be just as damaging as physical aggression. In fact, Crick and Grotpeter (as cited in Leff et al., 2010), refer to it as relational aggression because those who perpetrate this type of aggression seek to undermine others' attempts to build or maintain relationships, whether it is through subtle things like spreading rumors or outright bullying. Society often sends the message that adolescents must look or behave a certain way in order to build and maintain friendships. For those who fit into that mold, it is easier to experience relational success, but for those who are different, they often times face taunting and torment from their peers.

This type of behavior is often referred to as bullying (Kalish & Kimmel, 2010). Bullying is all too common in many schools today and can results in terrible tragedies like suicide, or even worse. Most of the infamous school shootings that have occurred in recent years have been carried out by young men who had been consistently singled out by their peers for quite some time. Kalish and Kimmel (2010) believe that boys in our schools today are socialized to believe they should not back down when they are provoked and, if they do, they risk losing their masculine identity. This sends the message that it is okay to use violence when they feel masculinity has been threatened. In other words, bullying can lead victims to resort to violence as a way to end the abuse and take revenge on the perpetrators.

Bullying does not always lead to aggressive responses, nor do those who respond to others in an aggressive manner do so because they have been bullied (Crick & Dodge, 1996). While bullying is an intentional pattern of harassing behavior, some individuals act aggressively in response to a one time frustrating or provoking incident, which is called reactive aggression. Others use aggression not because they believe they have been wronged, but because they believe it will get them what they want, which is called proactive aggression.

Aggression is not the only problem associated with anger. Anger and depression are also correlated. Depression is a serious issue because it affects an individual's quality of life, as well as his or her ability to make decisions and participate in daily activities. Depression is also serious because it can sometimes lead to suicide. In a study by Withers and Kaplan (1987), over two-thirds of the participants reported symptoms of depression prior to a suicide attempt. The characteristics of depression that are related to suicide attempts in adults, however, are not the same as those that can lead to suicide in adolescents. Hopelessness is a strong indicator for suicide attempts in adults, but less so in adolescents. A sense of self-worth and capability for responding to stress relate more strongly to suicide attempts in adolescents than in adults (Cole, 1989). Tsuaie et al (as cited in Puskar et al., 2008) found that those who do not cope well with negative life events tend to react with anger more often and are also more likely to become depressed, or commit suicide. Some of the negative life events that frequently occur prior to a suicide attempt are disagreements with family, friends, significant others, and conflicts in the workplace (Withers & Kaplan, 1987).

Though it may be more obvious that depression and suicide are linked, studies have also found links between anger and suicide. After controlling for depression and substance abuse, in addition to previous suicide attempts, Daniel et al (2009), found that high trait anger scores and outward expression of anger were correlated with increased suicide attempts in males. For females, however, the suicide risk increased as trait anger scores and outward expression of anger scores decreased, but only if the study participants had a history of depression. Despite these gender differences in how anger can affect an individual's likelihood to experience depression and suicide, it is clear that anger affects both genders in a negative manner.

Contributing Factors

In addition to understanding issues that can arise from uncontrolled anger, it is also important to understand factors that can contribute to anger in adolescents. Given the many challenges faced by adolescents today, it is important for them to have a strong support system to help them cope with their problems. Social support can come from peers, teachers, or family members. Though peers are certainly a strong influence on most adolescents, family members and teachers also play a vital role. The more problems an adolescent faces, the more important it is for them to have resources to handle them. Puskar, et al. (2008) found that the more negative life events an adolescent experiences, the more likely they are to experience and express anger. Puskar, et al. (2008) also found that adolescents who had higher perceived family and teacher support were less likely to express anger. Surprisingly, anger scores were not lower when adolescents had higher perceived support from their peers. Peer support was linked, however, with higher self-

esteem. Since social support is also important to self-esteem, those who show higher levels of self-esteem tend to score lower on trait anger scores (Puskar, et al., 2008).

Spielberger (as cited in Puskar, et al., 2008) found that those with high levels of trait anger often believe that they are frequently targeted by others. Some individuals become angry when they feel targeted or are faced with a negative situation, but they are able to control their anger and respond appropriately rather than in an antisocial manner (e.g. aggression or substance use). A person's ability to control his or her emotions can often be linked to early experiences. Bowlby's 1988 study (as cited in Pickover, 2010) found that children who do not form a secure attachment to a caregiver are more likely to display aggressive behaviors as they get older. Furthermore, Mikulincer & Shaver (2005) assert that those with an insecure attachment fear being abandoned by significant individuals in their lives, which causes them to misunderstand others' intentions. Misunderstandings often lead to unnecessary anger, which can be damaging to a relationship. According to Strayer & Roberts' 2004 study (as cited in Pickover, 2010), when a person becomes angry, he or she is unlikely to display empathy toward others. It can be difficult to build and sustain a relationship when empathy is lacking.

Insecure attachment is not the only negative outcome that can come from a less than ideal family environment. Some adolescents come from homes where the majority of the interactions they witness or engage in are violent or dysfunctional in some way. Studies have shown that individuals who are exposed to violence are more likely to misinterpret a social situation and respond in anger. For example, an adolescent who is accustomed to seeing his parents fight often may think that someone who bumps into him in the hall is attempting to instigate a fight (Taylor, Novaco, Gillmer, & Thorne, 2002;

Calvete & Orue, 2011). This person may react in an aggressive manner because of how he interpreted the offender's behavior. Crick & Dodge (1996) call this reactive aggression, while a situation where an individual behaves in an aggressive manner without being provoked would be called proactive aggression. Before choosing a response, one must interpret the actions of the perpetrator. A child who has a tendency to act in an aggressive manner is more likely to attribute a hostile intent behind someone's actions. Given this information, they will evaluate the possible responses and act in the way that is most likely to get them what they want. If the child feels as though their pride was hurt and seeks to maintain dignity, he or she may choose an aggressive response. If on the other hand, the child does not feel angry, but has weighed his options and he is most confident it will lead to his desired outcome, he may still choose to respond aggressively. Individuals who use proactive aggression may have seen others attain a positive outcome using similar tactics. For example, a child who consistently sees a parent use aggression or physical threats to manipulate others will come to believe that this is the most effective way to achieve a desired outcome (Crick & Dodge, 1996).

Though a negative home environment can certainly impact an adolescent's behavior, other factors play a role as well. Youth who come from homes where violence occurs often may have a low socioeconomic status. They may also have a temperament that predisposes them to anger more than others. Tuvblad, Grann, & Lichtenstein (2006) found that neither one of these factors alone significantly impact antisocial behavior, but they can interact to influence antisocial behavior. For example, youth with a low socioeconomic status who are not genetically predisposed display fewer antisocial behaviors than those with a high socioeconomic status and a predisposition to experience

and express anger. Those who are both genetically and economically disadvantaged are even more likely to display antisocial behavior.

In addition to environment, genetics can play a role in one's personality or temperament. People can learn new social skills, but some will just naturally get along well with others. Using Costa and McCrae's Five Factor Personality Model (as cited in Sanz, Garcia-Vera, and Magan, 2010), one study found that individuals who are more neurotic and less agreeable tend to score higher on anger and hostility. This could be because individuals who are less agreeable tend to be more confrontational and distrusting of others. It is important to note, however, that there is some overlap between anger and hostility and neuroticism and agreeableness because many of the questions designed to measure those personality traits ask questions about anger, hostility, trust, and compliance. The tendency to attribute hostile intentions to peers' actions is not simply a personality factor, however. Orbio de Castro, Veerman, Koops, Bosch, and Monshouwer, (2002) found that aggressive youth often experience rejection by their peers, which exacerbates their already innate hostile tendencies. Furthermore, the more likely an individual is to make hostile attributions, the more severe the aggressive behavior is and the more rejection they experience from their peers. Youth with lower verbal intelligence are even more likely to display these negative behaviors, perhaps because it is more difficult for them to explain their feelings to others.

Interventions

Due to the serious nature of these problems, mental health professionals have developed and studied a variety of programs and treatment options for youth with anger and aggression issues. Leff, et al. (2010) designed PRAISE (Preventing Relational

Aggression in Schools Every day) to address relational aggression in schools because many programs in schools today are more focused on physical aggression. Relational aggression includes behaviors like gossip, teasing, and casting out others. Girls tend to display this type of aggression more often than boys. PRAISE consists of twenty 40 minute classroom sessions twice per week. The program seeks to improve social-cognitive skills, build empathy, and improve students' ability to take another's perspective. Since peer relationships and influence are critical during adolescence, one of the main components of the program is to identify types of "Friendship Making Problems" and the settings in which they can occur. It has shown success with students of varying backgrounds including African Americans and those from low income households. Leff, et al. (2010) presume, however, that the PRAISE program has shown more success with girls than boys because the videos used in the program have mainly female actors. Though some participants of the program actually displayed higher levels of relational aggression post-intervention, those who did not receive the intervention displayed an even higher level of relational aggression. Despite disappointing behavioral results, the participants showed greater knowledge of anger problem-solving techniques than those who did not receive the intervention. Since it takes time to establish new patterns of behaviors, this is encouraging.

RIPP (Responding in Peaceful and Positive ways) is a three year violence prevention program designed for middle and junior high school students. Like PRAISE, it involves classroom lessons, but it also involves peer mediation. The three main focuses of the program are establishing/maintaining significant friendships or mentor relationships, improving self-image, and identifying influences on personal health.

Schools that have used the RIPP program found that their students viewed non-violence more favorably than violence, which also resulted in a reduction in aggression. Students were also less likely to carry weapons in school and to have in-school suspensions (Amendola & Scozzie, 2004).

Second Step was designed by the Committee for Children in 2003 and aims to increase empathy, improve impulse control, and equip students with anger management skills. It can be used with preschool through junior high students and has several appealing qualities, like minimal preparation time and lessons tied to school subjects like math, reading, and social studies. Studies have shown that participants in the program displayed a decrease in physical aggression and an increase in prosocial behavior (Amendola & Scozzie, 2004).

There are also programs that can work well for adolescents, but are not typically used in schools. Emotion Skill-Building Curriculum is a thirteen week program designed for individuals with poor emotion regulation. Though it is typically used with adults (particularly offenders), it is still being evaluated for efficacy and generalization to other populations. The program seeks to increase the participants' ability to develop empathy and to take others' perspective. Most people who undergo the program have an insecure attachment style, so counselors need to validate their perspective to gain trust and establish rapport. In order to avoid angry responses, it is important for participants to understand that emotions and behaviors are linked (Pickover, 2010).

Just as emotions and behaviors are linked, thoughts and behaviors are linked, which is one of the main tenets of Cognitive Behavioral Treatments. It is important for professionals to distinguish between anger management and anger treatment. Anger

management is likely to be more effective for adolescents due to their emotional maturity levels. Anger management interventions use a more psycho-educational approach rather than an inoculation model, where the individual is gradually exposed to various anger-provoking situations in order to increase his or her ability to tolerate the emotion. The anger experiences are therapist guided, with the expectation that the individual will eventually learn to self-regulate in similar real-life situations. The therapist may teach the individual relaxation techniques using muscle exercises, imagery, and breathing exercises. Participants of anger management programs may be asked to record details on the frequency and intensity of their anger in order to better understand their triggers and restructure their thoughts about anger (Taylor, Novaco, Gillmer, & Thorne, 2002).

One way adolescents can better understand their anger is to learn about the three main components of anger: physiological, cognitive, and behavioral. For the physiological component, they can begin to recognize that a quickening heart rate or reddened face indicates a possible outburst, which will aid them in controlling themselves. One way to recognize these signs is to keep a log of all the times they felt angry each day and how they felt before they expressed their anger. For the cognitive component, the adolescents can also write down what they were thinking before they chose their response. If they determine that they could have chosen a more appropriate response, having the situation written down can help them avoid falling into the same trap twice. Once they have identified their cognitive distortions, counselors can assist the youth in role playing more effective thoughts and behaviors. Once an adolescent experiences success in using an appropriate response, he or she will gain confidence in his or her ability to continue choosing appropriate responses. Groups of six to eight

adolescents working together once or twice a week for at least 10 weeks would be ideal based on the setting and the age of the participants. Younger participants or participants in a residential setting may need more sessions to reinforce the new behaviors and ensure success beyond completion of the program (Feindler & Engel, 2005).

Discussion

Though stress is a universal experience, it is particularly common in adolescents due to the multitude of changes that occur in their lives. Every adolescent responds differently to stress or a negative event. The way in which he or she responds to a stressor or a provocation of some type could be positive or negative. For instance, some people are able to learn and grow from difficult experiences. They consider their resources and choose a course of action based on how they interpret the situation. Some adolescents have many resources available to them, such as good social support, high self-esteem, a mild temperament, and a comfortable socioeconomic status. These individuals are more likely to respond positively to stressful or negative life events. Others, however, may live in a negative home environment, which often translates to a lack of social support or a low socioeconomic status. Furthermore, each adolescent has a different temperament, some of which may be less agreeable than others. These barriers can contribute to adolescents responding in anger to a stress or a provocation. Though some degree of anger is normal, higher levels of anger can be maladaptive, as they are linked to problems like aggression, depression, and suicide (Daniel, Goldston, Erkanli, Franklin, & Mayfield, 2009)..

If mental health professionals would like to assist adolescents in managing their anger effectively, it is important for them to understand what could be causing the

individual's anger, as well as what the outcomes of that anger are. Once school counselors or community counselors begin to understand the causes and effects of anger, it will be easier for them to develop and implement a multifaceted approach to the problem. Various interventions have shown some success, with some programs focusing more on physical aggression and others focusing more on relational aggression. Still other programs are more focused on the cognitive distortions that can occur in individuals prone to anger. No matter the program, it is important for the counselor to consider the adolescents' culture, as anger is expressed differently and addressed differently depending on a person's background. Counselors must be in tune with their clients so that they can determine if the intervention will be or has been effective. Only then will anger management interventions for adolescents be successful in preventing interpersonal, emotional, and legal problems in adulthood.

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