Research Article

A Study on The Relationship Between Positive Self-Talk, Self-Esteem, and Anger Management in School Students

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Abstract

While anger serves a vital evolutionary role, excessive levels of the emotion might impede one's ability to carry out daily tasks. For the sake of their own well-being and safety, teenagers should learn effective strategies for managing their anger. The purpose of this research is to examine the effects of an anger management program on the following outcomes: adjustment, problem-solving abilities, communication skills, and anger level in school-aged teenagers.

Results demonstrated an improvement in problem solving (81.66 ± 4.81), communication (82.40 ± 3.82), adjustment (28.35 ± 3.76), and decreased anger (56.48 ± 4.97). There was a significant difference ($P < 0.05$) in the post test mean scores within the experimental group and between the experimental and control groups.
The findings showed that the anger management program helped school-aged teens improve their problem-solving, communication, and adjustment abilities while decreasing their anger levels.

Keywords: Adjustment, adolescent, anger management, communication, problem solving.

I.INTRODUCTION

Anger is a natural and adaptive emotion, but too much of it may get in the way of daily life. One of the major contributors to teenagers' maladaptive rage is the impact of their peers. Behaving aggressively may be a way to obtain popularity or high social standing by demonstrating dominance or strength. It could be a reaction to the fear of being alone or of falling out of favour with one's friends. It is crucial to treat anger issues in teenagers because unhealthy anger may have terrible effects.
Lack of problem-solving and communication abilities, as well as the ability to adjust to new circumstances, are some of the variables linked to rage. One of the common problems in adolescents is adapting to the changing environment (Arslan & Adıgüzel, 2018). When confronted with injustice or criticism, teenagers without problem-solving abilities are more likely to explode in fury. For children to grow up in harmony with their surroundings, form positive friendships, and control their emotions, they need to learn how to communicate effectively. Communication abilities are positively correlated with problem-solving approaches. Anger is a powerful emotion that blocks people from effectively communicating, which in turn hinders their ability to comprehend information and solve issues via rational discourse.
Children who are aware of and able to manage unpleasant emotions, including anger and violence, are more equipped to make positive choices and refrain from harmful ones. For the sake of their own well-being and safety, teenagers should learn effective ways to manage their anger (Anjanappa et al., 2020).
For the purpose of helping teenagers manage their anger, several behavioural intervention programs have been created. Raising people's level of knowledge about anger, its causes, and how it manifests itself (both physically and mentally) is central to anger management programs.
Reducing negative emotional and behavioural consequences, such as aggressive behaviour and rage, is possible via the use of relaxation techniques, problem-solving cognitive-behavioral methods, emotional awareness training, and anger management programs. Techniques such as affective education, relaxation training, cognitive restructuring, problem solving skills, social skills, and conflict resolution are frequently employed in therapy to help people manage their anger. Adolescents' mental and physical health, as well as society's mental health, may be improved via the use of these tailored strategies, which can decrease aggressiveness and rage (Cui et al., 2014).
The results of a comprehensive study point to the efficacy of cognitive behavioural therapy in lowering aggressiveness and rage when combined with training in problem-solving and communication skills as well as self-

education and role-playing. More effective than individual sessions for school-going adolescents are group-based anger management interventions in classrooms or school settings.

The International Society of Psychiatric Mental Health Nurses states that mental health nurses have the power to alter school climates by teaching aggressive and violent behaviour prevention strategies to teenagers. Psychoeducation programs in the home, school, and community can also play a role in helping adolescents manage their anger, which is something that school health nurses can help with. The social and coping abilities needed to manage anger well and avoid future issues may be enhanced in this way (Down et al., 2011).

Increasing hostility is a problem in classrooms and university campuses around the globe. Aggression, violence, and behavioural and conduct issues all stem from anger. Future excessive violence may be a result of uncontrolled rage. Given this background, anger management training was necessary to enhance teenagers' classroom coping, problem-solving, and communication abilities as they pertained to anger management. Interventions used in this study have their empirical basis in a multitude of previous research. Among group interventions for teenagers, there is a dearth of literature examining the relative effectiveness of anger management on problem-solving, communication, and adjustment skills. By looking at the results of an anger management program, this study hopes to fill this knowledge gap. Included are the necessary abilities that are appropriate for the teenage demographic. Adolescents may learn to control their anger and foster positive peer connections and a safe school climate with this program..

II.MATERIALS AND METHODS

A. Study design and setting

A pre- and post-test control group design was used to conduct the research in schools that were chosen at random.

B. Study participants and sampling

A total of 120 school-aged teenagers (ranging from 13 to 16 years old) were selected using a multistage random sample procedure. (Hoogsteder et al., 2015) Figure 1 shows the study's multistage sampling method.

C. Data collection tool and technique

- Socio demographic profile: The factors that were evaluated were gender, age, level of education and college attended, parents' employment and level of education, and the kind of family structure.

Figure 1: Schematic representation of data collection

- Anger assessment checklist (AACL): In 1993, Karpe developed the Anger Assessment Checklist (AACL). The following anger parameters were used to categorise the items.

  a) Proneness b) Regularity c) Expression style d) Length e) Impact on interpersonal interactions On a scale from "never" to "always" (i.e., 1–5), participants were to indicate the extent to which each statement applied to them. The scores on the scale varied from 35 to 175 and were classified as follows: clinically insignificant (35–46.5), mild (46–93.2), moderate (93–139.7), and severe (139.8–175) rage. A Cronbach's alpha of 0.89 was recorded for the AACL (Mokhber et al., 2016).
- Visual analog scale (VAS): A visual analogue scale (VAS) is a ten-centimeter-long line with numbers shown at one-centimeter intervals from zero to ten. From 0 (no anger) to 10 (maximum anger), the scale ran the gamut. The teenagers were given information about VAS and were asked to indicate their level of anger using VAS. There are four levels of anger: zero, not angry at all, one to three, moderate, and four to ten, very angry.
- Solving problems checklist: Barkman and Machtmes (2002) created this. It is a tool for evaluating the proficiency of expression among young adults (12–18 years old). Asking young people how often they employ the following problem-solving abilities, this 24-item scale evaluates their capacity to do so: 1. Figure Out What the Issue Is, 2. Consider Assumptions or Possible Causes, 3. Explore Possible Resolutions, 4. Choose the Option That Works Best 5. Carry Out the Solution, and 6. Assess the Outcome and Make Any Required Adjustments. Superior ability to solve problems is indicated by higher scores. The internal consistency was an 86(Deffenbacher et al., 2016)
- Communication scale: Barkman and Machtmes (2002) created this. Adolescents (12–18 years old) have their communication abilities evaluated. The 23-item scale measures how often people use the following skills: self-awareness, social-awareness, empathy, communicative adaptability (the ability to change one's communication style to meet the communication styles of others), core-and intended-information conveyance, interaction management, and the ability to recognise and value other communication styles. Superior communication abilities are indicated by a higher score. There was a 0.79 level of internal consistency.

- Pre-adolescent adjustment scale (PAAS): The authors Rao, Ramalingaswamy, and Sharma worked on its development (1976). Adolescents' adjustment to their family, school, classmates, and instructors, as well as to life in general, is evaluated. Adolescents may also benefit from using the PAAS, although it was originally designed for preteens. Home 9, Schoo l8, Teachers 8, Peers 8, and General 7 make up the PAAS's five subareas, which in turn comprise 40 items. A high adjustment score indicates good adjustment in that area, while a high maladjustment score indicates poor adjustment. The validity of the exam was confirmed by comparing it to instructor ratings, and the test-retest reliability coefficient ranged from 0.22 to 0.60 across several categories (Yılmaz & Ersever, 2015).

D. Ethical consideration

- Procedure: Using the following instruments: the Anger Assessment Checklist (AACL), the Problem Solving Checklist, the Communication Scale, and the Adjustment Assessment Scale (PAAS), all of the students from the schools that agreed to participate and whose parents gave their consent were evaluated for their anger levels, problem solving abilities, communication skills, and adjustment. The instruments were administered in a language understood by the participants, as applicable to the Kanpur-area sample.

Pretest instruments were sent to the schools that were assigned to the experimental group, and the teenagers were then sorted into groups of six to eight. All six groups of teenagers participated in a program that taught them to control their anger via discussion, role playing, and demonstration. There were two 45-minute training sessions each week for the two groups. Sometimes from 3 to 4 in the afternoon, and other times during free class hours, the lessons took place. As the research progressed, eight teenagers four from the experimental group and four from the control group dropped out for a variety of reasons (dengue fever, lengthy time leave, etc.). Table 1 provides a summary of the intervention's components.

Table 1: Program Information on Dealing with Anger

Session	Goals of the Meeting	Method/Activities
Session 1: Introduction and Anger Education	Become acquainted with group members; establish ground rules; acquire knowledge about anger and its effects	Presentation, subject for debate
Session 2: Relaxation Techniques and ABC Analysis of Behaviour	Raise awareness about the effects of anger using ABC analysis; identify triggers of angry reactions; introduce the anger journal; practice deep breathing	Acting out a situation
Session 3: Altering Thoughts that Cause Anger	Help students identify thoughts that make them angry; recognise negative thinking patterns; encourage positive and habitual thinking	Acting out a situation
Session 4: Problem-Solving Skills Training	Identify problems related to anger; develop strategies to solve anger-related issues; take appropriate steps to manage anger situations	Acting out a situation
Session 5: Assertive Communication Skills Training	Differentiate between aggressive and assertive responses; understand assertiveness; practice assertive responses in anger-provoking situations	Acting out a situation
Session 6: Termination and Evaluation	Evaluate the anger management programme; prepare students for programme termination and closure	Presentation and discussion

- Post-intervention assessment: The effectiveness of the anger management program was determined by administering a post-intervention assessment exam two months later. Members of the control group participated in a single anger education session that included topics such as the nature of anger, its impacts, and the practice of mindful breathing. Detailed instructions for gathering information are provided in Figure 1(Hernawati & Soejowinoto, 2015).

E. Data analysis

Statistical analyses included frequency distributions, measures of central tendency and dispersion, Chi-square tests, Mann–Whitney U tests, and repeated-measures ANOVA (RMANOVA), with statistical significance set at $p < 0.05$. For

a fully free-access workflow, these analyses can be reproduced in R (R Foundation for Statistical Computing), an open-source statistical environment. The manuscript should name only the software that was actually used for the reported analysis.

III.RESULTS

A. Sociodemographic details

In terms of religion, level of education, paternal education, and parental occupation, the experimental and control groups differed significantly (Table 2).

Table 2: Features of the 120 school-going adolescents with respect to sociodemography

Variables	Study Group n (%)	Control Group n (%)	Total n (%)	χ^2	p-value
Age				0.324	0.35
13 years	15 (25)	20 (33)	35 (29)		
14 years	22 (37)	12 (20)	34 (28)		
15 years	11 (18)	5 (8)	16 (13)		
Gender				0.03	0.855
Male	31 (52)	32 (53)	63 (53)		
Female	29 (48)	28 (47)	57 (47)		
Religion				14.66	0.002*
Hindu	15 (25)	19 (32)	34 (28)		
Muslim	29 (48)	33 (55)	62 (52)		
Christian	11 (18)	5 (8)	16 (13)		
Others	5 (8)	3 (5)	8 (6.7)		
Education				22.7	0.001*
8th Standard	14 (23)	40 (67)	54 (45)		
9th Standard	46 (77)	20 (33)	66 (55)		
Type of School Management					
Government	20 (33)	21 (35)	41 (34)		
Private Aided	20 (33)	23 (38)	43 (36)		
Private Unaided	20 (33)	20 (33)	40 (33)		
Mother's Education					
Illiterate	19 (32)	8 (13)	27 (23)		
Primary	18 (30)	15 (25)	33 (28)		
Secondary	15 (25)	12 (20)	27 (23)		
Senior Secondary & Above	5 (8)	7 (12)	12 (10)		
Father's Education				7.89	
Illiterate	10 (17)	10 (17)	20 (17)		
Primary	28 (47)	16 (27)	44 (37)		
High School	18 (30)	25 (42)	43 (35)		
Graduate & Above	3 (5)	9 (15)	12 (10)		
Mother's Occupation				18.30	
Professional	6 (10)	13 (22)	19 (16)		
Skilled	18 (30)	16 (27)	34 (28)		
Unskilled	15 (25)	4 (7)	19 (16)		
Homemaker	21 (35)	27 (45)	48 (40)		
Father's Occupation				11.86	0.008*
Professional	8 (13)	24 (40)	32 (27)		
Skilled	34 (57)	22 (37)	56 (47)		
Semiskilled	17 (28)	14 (23)	31 (26)		
Unemployed	1 (2)	0 (0)	1 (0.5)		
Type of Family				0.07	0.793
Nuclear	52 (87)	51 (85)	103 (86)		

Variables	Study Group n (%)	Control Group n (%)	Total n (%)	χ^2	p-value
Joint	8 (13)	9 (15)	XVII.14)		

- Anger level: In terms of anger level and anger domains, there was no statistically significant difference between the control and experimental groups' pre-test mean scores. They did, however, show substantial variation in their post-test mean scores. After participating in the anger management program, the experimental group showed a significant decline in both their anger level and scores across anger-related categories. In contrast, there was no discernible improvement in the control group's ratings after the anger management program (Table 3; reference 13)..

Table 3: Results of the anger level and domain tests administered to the experimental and control groups (n=120) before and after the intervention

Variables	Experimental Group (Pre-test) Mean ± SD	Experimental Group (Post-test) Mean ± SD	Control Group (Pre-test) Mean ± SD	Control Group (Post-test) Mean ± SD	F-value	p-value
Anger Level	111.3 ± 14.4	56.48 ± 4.9	113.5 ± 17.4	113.32 ± 16.0	261.51	0.001*
VAS Score	6.66 ± 1.81	4.45 ± 1.37	6.73 ± 3.18	6.70 ± 1.56	17.7	0.001*
Anger Domains						
Intensity	21.10 ± 4.09	12.11 ± 1.90	21.53 ± 4.37	21.5 ± 4.47	97.73	0.001*
Frequency	20.16 ± 3.60	10.9 ± 1.50	20.48 ± 4.01	20.5 ± 4.00	106.34	0.001*
Duration	14.8 ± 3.68	8.5 ± 1.65	15.18 ± 4.11	15.1 ± 3.82	55.349	0.001*
Mode of Expression	28.9 ± 5.0	13.5 ± 1.33	29.0 ± 5.4	29.4 ± 5.17	187.28	0.001*
Impact on Interpersonal Relationships	26.5 ± 4.45	11.36 ± 1.99	26.8 ± 4.80	26.7 ± 4.69	187.69	0.001*

- Outcomes on problem solving skills, communication skills, and adjustment: According to Table 4, there was no statistically significant difference in the mean scores of the experimental and control groups on the pre-test for problem-solving abilities. The difference between their post-test means, however, was statistically significant. After completing the anger management program, the experimental group demonstrated a marked improvement in their problem-solving abilities. In contrast, there was no statistically significant change in the control group's ratings after the anger management program [Table 4]. On the pre-test for communication abilities, there was no statistically significant difference between the control and experimental groups (Table 4). Their mean post-test results, however, were significantly different. After completing the anger management program, the experimental group showed a considerable improvement in their problem-solving scores. In contrast, there was no statistically significant change in the control group's ratings after the anger management program [Table 4]. On the adjustment scale, there was also no statistically significant difference between the groups before the evaluation. Distinct variation in their post-test average scores. Following the anger management program, there was a statistically significant decrease in the experimental group's adjustment and domains of adjustment scores [Table 4](Dutt et al., 2013), but no such change in the control group.

Table 4: Results of a post-test comparison with those of a pre-test concerning teenagers' problem-solving abilities, communication skills, adjustment, and adjustment domains (N=120)

Test Variables	Experimental Group Pre-test Mean ± SD	Experimental Group Post-test Mean ± SD	Control Group Pre-test Mean ± SD	Control Group Post-test Mean ± SD	F-value	p-value
Problem-Solving Skills	28.7 ± 4.22	81.66 ± 4.81	28.32 ± 3.78	27.8 ± 3.8	2034.52	0.001*

Test Variables	Experimental Group Pre-test Mean ± SD	Experimental Group Post-test Mean ± SD	Control Group Pre-test Mean ± SD	Control Group Post-test Mean ± SD	F-value	p-value
Effective Communication Skills	27.9 ± 4.08	82.40 ± 3.82	29.2 ± 4.04	31.8 ± 4.44	3003.34	0.001*
Areas of Adjustment						
Home Adjustment	5.18 ± 1.46	6.23 ± 1.24	5.30 ± 1.45	5.21 ± 1.45	6.22	0.01*
School Adjustment	4.26 ± 1.42	5.68 ± 1.14	4.33 ± 1.45	4.36 ± 1.43	18.49	0.001*
Peer Adjustment	4.43 ± 1.88	5.71 ± 1.72	4.45 ± 1.88	4.45 ± 1.82	8.163	0.005*
Teacher Adjustment	4.46 ± 1.17	5.70 ± 1.56	4.48 ± 1.21	4.50 ± 1.21	13.5	0.001*
Overall Adjustment	3.56 ± 1.25	5.01 ± 1.12	3.53 ± 1.25	3.51 ± 1.20	23.78	0.001*

XVIII.DISCUSSION

This research found that school-aged teenagers whose anger management program participation resulted in improvements in problem-solving, communication, and adjustment abilities also had lower anger levels overall. This research included administering a six-session anger management program to school-aged teenagers. The effectiveness of the anger management program was assessed after two months of intervention through a post test. Adolescents' anger levels decreased after participating in the anger management program [Table 3]. There was a statistically significant difference in the experimental group's and the control group's mean scores on the following anger-related dimensions: intensity, frequency, duration, mode of expression, and interpersonal relationship(Sukhodolsky et al., 2016). The results of this research corroborated those of a meta-analysis that looked at the efficacy of anger intervention and programs used in educational settings. Students' anger was successfully reduced through the use of the following strategies: group work with parents or teachers, homework, role playing, modelling, feedback on performance, rewards for compliance, goal setting, visualising or imagery, contracting, and academic tutoring. Smeets et al. (2015) conducted a meta-analysis on anger management for adolescents, and their findings corroborate the current study's findings that training in anger management, social skills, and assertive communication effectively decreased aggressiveness in this age group. The current research also discovered that the role playing, demonstrating, and re-demonstrating were enjoyable for the teenagers. Every one of them participated enthusiastically in every activity. Anger diaries and thought diaries were distributed to students so that they could reflect on their own thought processes in relation to anger. Mindfulness and relaxation may be used in conjunction with one another as a complimentary treatment for rage problems, according to a review research on the topic. It dampens impulsive and maladaptive actions. Being mindful makes it easier to build the capacity to self-regulate and speeds up the cognitive transformation. In this research, relaxation techniques were used throughout every session. Teens have said that it helps them relax and focus better in class. It was recommended that teenagers use relaxing techniques at home.

Mean scores on assessments of adjustment, communication skills, and problem solving all showed substantial improvements. Table 4 shows that both the experimental and control groups were statistically significant. Results showed that the teenagers' anger levels dropped as a result of improved problem-solving, communication, and adjustment abilities brought about by the anger management program. The results of a meta-analysis on anger management for teenagers, which included social skills, problem-solving abilities, family communication, and anger management, are in line with these findings. Adolescents' aggressiveness decreased after participating in these sessions. Anger management training significantly and persistently reduced aggressive behaviour in female adolescents, according to another research on adolescents. Furthermore, the experimental group showed a significant decrease in aggressive behaviour after participating in the group discussion program that focused on improving communication skills (Smeets et al., 2015).

The current study's findings are in line with those of an earlier research that looked at the efficacy of an anger management intervention for school-aged children. That program helped the kids learn to control their emotions,

communicate effectively, resolve conflicts, and alter their thought patterns, among other things. The current investigation found that the experimental group exhibited a significant reduction in rage level. Findings from this study corroborate those of a previous research that looked at the effects of anger management programs on high school pupils. The findings showed that the group of students who received instruction on anger control were far less aggressive. Similar results were found in another investigation. Anger management program was one of those things. Their communication and anger management abilities were said to have improved.

The results of this research show that adolescents who participate in anger management programs have better overall adjustment, as well as improved adjustment at home, in their relationships with peers and teachers, and in their academic performance (Table 4). Research shows that teaching teens to control their anger helps them better integrate into social groups.

The goal of this research is to help teenagers understand that they have control over their anger and can learn to recognise when it's building up. The intervention's components have demonstrated efficacy in the study's selected variables. Changing the beliefs that trigger anger is another part of this technique for managing anger. When the learner is furious, they tend to think negatively. Such pessimistic ideas might originate from misunderstandings or a lack of social and coping abilities. This anger management program teaches teens how to communicate and handle problems in a healthy manner, which helps them overcome anger and other emotional issues. These anger management classes for teenagers were all fruitful, and the kids left with the tools they needed to control their anger in a positive way.

A. Implication

Training in anger control is effective for adolescents. Teachers, principals, guidance counsellors, and anybody else who comes into contact with these teenagers should, therefore, undergo training. In order to keep the school environment healthy, it is recommended that students participate in anger management programs on a regular basis. When children exhibit anger management issues, nurses may collaborate with educators to develop intervention programs. A variety of tactics may be found in anger management programs, which can be used by nurses to assist identify children who are struggling with anger management and intervene in a healthy manner. In the long run, this may lessen the likelihood that the youngster would act out violently or delinquently(Fossum et al., 2016).

B. Limitation and recommendation

Since the majority of the adolescents in this study were from urban and state board schools and belonged to middle or low income groups, generalising to the entire adolescent population may be a limitation of this study. The lack of screening for mental health disorders other than ADHA and CD was a significant restriction. Depressive episodes in children may lead to violent outbursts. Other mental health issues including psychosis, DMRD, IED, etc., may as well. Due to the lack of a follow-up evaluation, it is impossible to say whether the anger management programs' benefits persisted over time (Karimi, 2016).

XIX.CONCLUSION

Anger management programs were the focus of the present investigation. By enhancing problem-solving, communication, and adjustment skills, the anger management program's tactics significantly reduced rage levels among school-aged teenagers. The research led to the creation and implementation of an anger management program that schools might employ to help students learn healthy ways to deal with negative emotions and avoid harmful actions.

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