ORIGINAL ARTICLE

Anger, Emotional Regulation And It Relationship With Mental Health Among Male And Female Students

ABSTRACT

Anger and emotional regulation can be a reaction to a perceived internal or external provocation and can be psychological interpretation of having been offended, wronged or denied and a tendency to react through retaliation. Whereas mental health means an absence of mental illness and can be measured through usage of different scales or inventories. Present study is an attempt to assess mental health, anger and emotional regulation among early and late adolescents including both male and female students. **Method:** To understand present aim of the study a total sample of 120 were taken from Delhi University (D.U) and Jamia Millia Islamia (JMI). We further divided our sample into early adolescent aged 13-15 yrs. and late adolescents aged 16-19 yrs. Further sample was split on the basis of gender, thus 60 subjects were divided into 30 male adolescent and 30 female adolescents in both the groups (2×2 factorial design). **Tools Used:** (1). PGI Health Questionnaire: developed by Verma, Wig, Parshad (1978) (2). The Clinical Anger Scale (CAS) developed by Snell (1995) (3). Emotion Regulation Questionnaire (ERQ) developed by Gross and John (2003). **Result:** It was found that early and late adolescents did not differ significantly on the measure of mental health. However while comparing early and late adolescents on the measure of Clinical Anger, it was found that there was a significant difference between the two groups. Clinical anger was found higher in age range of 13-15 as compared to 16-19. Female were found higher than male on the measure of mental health. Emotion regulation has been argued to be an important factor in well-being and it is a way of dealing with strong feelings like anger or frustration. Anger may be the only way humans know to show they're frustrated or unhappy whereas mental health is considered as an important part of health, WHO defined health as a state of complete physical, mental and social wellbeing and not just the absence of disease and infirmity.

All the variables discussed in this paper are very important when we look as in adolescent age and according to a study by researchers at Southwest Missouri State University (SMSU), men and women perceive anger differently; they experience and handle feelings of frustration and rage in different ways. Harris (1996) findings are consistent with a view of aggressive behavior as influenced by individual, contextual and cultural variables.

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Whereas studies by Owens and MacMullin (1995) examined gender differences in aggression in children and adolescents, they selected 422 students and their findings says boys use more physically and verbally aggressive than girls but girls used more indirect aggression at the higher year level. Winstok (2003) tested the structure and content of verbal and physical aggression among youths. Study findings reported that boys and younger youth tend to present higher levels of aggressiveness across all constructs as compare to girls and older. It has seen that the most frequently used emotion regulation strategies were expressive suppression, rumination, and cognitive avoidance (Jorden et al2022 Looking at the above findings we found it interesting to understand mental health, anger and emotional regulation among early and late adolescents (including male and female students). And to understand we used following method;

Method:

Sample: Total sample for the investigation comprised of 120 subjects. With equal number from the early adolescents aged 13-15 years and late adolescents aged 16-19 years. Further sample was split on the basis of gender, thus 60 subjects were divided into 30 male adolescents and 30 female adolescents in both the groups. **Sampling Technique /Design**: Purposive sampling with 2×2 Factorial design was used. **Tools Used: 1). PGI Health Questionnaire:** PGI health questionnaire developed by Wig & Verma (1978) was selected to assess mental health. This scale is based on the definition given by World Health Organization (WHO), which includes physical, psychological and social well-being in defining mental health. It consists of 60 items or statements that measure subject's physical & psychological health, 50 items (1-50) are N-scale items (i.e. neuroticism) and 10 items are L-scale (i.e. Lie scale). Respond pattern for each item is put tick mark against the item, which refers to that respondent. The test retest reliability is 0.88, split-half reliability is 0.86 and inter co-relation is 0.81. Split half reliability for N-scale is 0.92 and for L-scale is 0.81; (**2). The Clinical Anger Scale (CAS):** Clinical anger scale developed by William Snell (1995), it is an objective self–report instrument designed to measure the psychological symptoms presumed to have relevance in the understanding and treatment for clinical anger. It is a set of 21 items, which measure the syndrome of clinical anger in total. The main symptoms measured by CAS are: anger now, anger about the future, anger about the failure, anger about things, angry-hostile feelings, annoying others, angry about self, angry misery, wanting to hurt others, shouting at people, irritated now, social interference, decision interference, alienating others, work interference, sleep interference, fatigue, appetite, health interference, thinking interference and sexual interference. Each group has four statements coded as A, B, C, D, and the client has to choose one, which describes his intensity, with more intense clinical anger being associated with statements "D". Each cluster of statements was scored on a 4- point Likert Scale, with A=0, B=1, C=2, D=3. Subject's responses on the CAS are summed and higher the score is the clinical anger (21 items; ranger 0-63). The clinical interpretation of the CAS scores stated in the following interpretive ranges: 0-13- minimal clinical anger; 14-19-mild clinical anger; 20-29- moderate clinical anger; and 29-63-severe clinical anger. The internal consistency of the 21 items on the clinical Anger Scale was analyzed by means of Cronbach alpha and yielded reliability coefficients of 0.94 (males and females together), 0.95(males only) and 0.92 (females only); **(3). Emotion Regulation Questionnaires (ERQ):** Emotion regulation questionnaire is 10 items questionnaire, developed by Gross and John (2003), it measure that how one controls his/her emotions. Two major emotion regulation strategies include "Cognitive Reappraisal" and "Expressive Suppression". Two important aspects of emotional life are measured here which are: emotional experience (what u feels like insight). Emotional expression (how one shows his emotions).

Cognitive reappraisal is defined as the attempt to reinterpret an emotion-eliciting situation in a way that alters its meaning and changes its emotional impact (Lazarus and Alfert, 1964;Gross and John, 2023). *Expressive suppression* is defined as the attempt to hide, inhibit or reduce ongoing emotion-expressive behavior (Gross and Levenson, 1993; Gross and John, 2003). The test–retest reliability of ERQ is (0.69) and internal consistently for two subtest including (reappraisal and suppression, 0.76 and 0.73 respectively).

Procedure: This study was conducted in Delhi University and Jamia Millia Islamia because these universities have multi-cultural people which are an important area of this study. In the present study an equal number of early adolescents aged 13-15 yrs and late adolescents aged 16-19 yrs were selected and subjects was further divided into male and female. A formal permission was taken from university authorities by explaining objectives of present study. Subjects were individually contacted and the purpose of study was explained to them. Proper rapport was established with all the subjects and then questionnaires were administered on subjects. **Statistical Analyses:** Descriptive and inferential statics was used to analyze the obtained data. Mean, Standard Deviation, t-test and correlation was calculated and group differences were analyzed on the measures of mental health, anger and emotional regulation and its dimensions. SPSS 20.0 was used to analyze data

RESULT

The results of the present study are presented in this chapter. Mean and Standard deviation (SD) for different groups for total sample is reported from table 1to 7.

Table 1: Mean, SD and t-score of PGI Health Questionnaire across different age groups (N =120)

Age		N	Mean	SD	t-value	Sig.
PGI Health Questionnaire	13 – 15	60	12.10	6.51	1.55	0.123
	16 – 19	60	10.33	5.95		

Table 1 shows that there is no significant difference between 13-15 age group and 16-19 age group on PGI (t = 1.55, p = 0.12) which indicates that two groups mental health is not statistically different.

Table 2: Mean, SD and t-value of Clinical Anger (CA) across different age groups (N =120)

Age		N	Mean	SD	t-value	Sig.
Clinical Anger	13 – 15	60	20.08	9.51	3.765	0.000
	16 – 19	60	13.90	8.45		

Table 2 shows that there is a significant difference between 13-15 age group and 16-19 age group on Clinical Anger (t-value= 3.765; p value= .001) which indicates that 13-15 age group has more anger than16-19 age group.

Table 3: Mean, SD and t score of Cognitive Reappraisal Facet (CRF) and Expressive Suppression Facet (ESF) across different age groups (N =120)

Age		N	Mean	SD	t-value	Sig.
CRF	13 - 15	60	26.48	5.84	2.39	0.01
	16 - 19	60	29.07	5.97		
ESF	13 - 15	60	15.98	4.74	1.26	0.20
	16 - 19	60	17.12	5.09		

Table 3 shows that there is a significant difference between 13-15 age group and 16-19 age group on CRF (t-value= 2.396; p value= .018). However no significant difference between the two age groups on ESF.

Table 4: Mean, SD and t-value of PGI across gender (N =120)

Gender		N	Mean	SD	t-value	Sig.
PGI	Male	60	9.68	4.52	2.75	0.00
	Female	60	12.75	7.35		

Table 4 shows that there is a significant difference between male and female students on PGI (t value= 2.75; p value= .007) which indicates that females have better general health than males

Table 5: Mean, SD and t score of Clinical Anger (CA) across gender (N =120)

Gender		N	Mean	SD	t-value	Sig.
CA	Male	60	17.10	9.47	0.125	0.90
	Female	60	16.88	9.57		

Table 5 shows that there is no significant difference between male and female students on CA (t value= 0.125; p value= .9).

Table 6: Mean, SD and t score of Cognitive Reappraisal Facet (CRF) and Expressive Suppression Facet (ESF) across gender (N =120)

Gender		N	Mean	SD	t-value	Sig.
CRF	Male	60	28.22	5.56	0.802	0.424
	Female	60	27.33	6.47		
ESF	Male	60	17.25	3.53	1.560	0.120
	Female	60	15.85	5.96		

Table 6 shows that there is no significant difference between male and female students CRF and ESF.

Table 7: Inter Correlation between PGI, CA, CRF and ESR of adolescents.

Variable	PGI	CA	CRF	ESF
PGI	1			
CA	0.337**	1		
CRF	-0.164	-0.230*	1	
ESF	0.119	0.14	0.197*	1

Table 7 shows the correlation of different variables and it is clear that there is significant positive correlation between PGI and CA at 0.01 level of significance. At the same time significant positive correlation was found between CA and CRF as well as ESF and CRF.

Discussion:

The present investigation was carried out to study mental health, anger and emotional regulation among male and female students. For this purpose two independent variables Gender (i.e. male and female) Age (i.e. early adolescents and late adolescents) were selected and 2x2 factorial design was used to find significant differences. Each dependent measure was analyzed separately and the present study was to study the links between different variables and differences on the basis of gender and age.

From the study it was found that early and late adolescents did not differ significantly on the measure of mental health. This means that age range does not show any difference. However while comparing early and late adolescents on the measure of Clinical Anger, it was found that there was a significant difference between the two groups. Clinical anger was found higher in age range of 13-15 as compared to 16-19.

Our tentative solution that there would be significant difference between early and late adolescents on the measure of emotion regulation got rejected in the study as we could not find any significant difference between the two groups. On comparing mental health on the bias of gender, it was found that there was a significant difference between male and female adolescents mental health. Females reported higher score than males on the measure of mental health.

We in this study also assumed that that there would be significant gender difference on the measure of anger but our hypothesis was not accepted in the present study because we could not find any significant difference across gender on the measure of anger.

No such significant difference was found on the measures of emotion regulation. While calculating the correlation coefficient between different variables it was found that there was significant positive correlation between PGI health questionnaire and clinical anger at 0.01 level of significance.

Limitations & Suggestions

1. Due to purposive sampling the sample size was small and was limited to few collages
2. In addition to the quantitative analyses, use of qualitative method would have added more meaningful information.
3. Emotion regulation and Anger is a relative term; therefore inclusion of time perspective would yield more comprehensive results.
4. The selection of variables under study was limited to mental health, emotions regulation and anger. However, the more covert aspects of behavior such as feelings, cognition and mindset etc. may provide a dynamic understanding.
5. In future a large number of samples will be taken to generalize the findings.

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