CHAPTER III

PROBLEM AND HYPOTHESES
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Anger is an emotion. It’s temporary; it combines physiological arousal with emotional arousal. It can range in severity all the way from intense rage to “cool” anger that does not really involve arousal at all (and might more accurately be described as an attitude such as resentment). People express anger in all sorts of ways, such as hurling verbal insults, using profanity, slamming doors, or smashing a fist into the nearest available object. People are not aware of any systematic conception of personality, particularly with regard to its development which does not give the concept of anger a role of great, if not central, significance. “Anger” is the most negative characteristics of human kind. It leads to bewilderment and that to loss of memory, failure of intelligence follows and this resulting in destruction. Anger is a mixture of emotional, physiological, and cognitive elements. Unexpressed, create other problems; It can lead to pathological expressions of anger, such as passive-aggressive behavior (getting back at people indirectly, without telling them why, rather than confronting them head-on) or a personality that seems perpetually cynical and hostile. People who are constantly putting others down, criticizing everything, and making cynical comments haven’t learned how to constructively express their anger. Not surprisingly, they aren’t likely to have many successful relationships.

Anger is a natural emotion everybody experiences it but only some people (one out of five) do it the ‘right way”. But most people, however, do it the “wrong” way. The problem is not anger. The “problem” is the mismanagement of anger. Anger is a natural and healthy human emotion when managed appropriately. But it can become the source of all kinds of various physical, mental, emotional, social and “legal” problems when not managed effectively. It is often a problem in one of these areas that brings a client in for counseling, either on a voluntary or a mandated basis.

Anger can be suppressed, and then converted or redirected. This happens when one hold in anger, stop thinking about it, and focus on something positive. The aim is to inhibit or suppress anger and convert it into more constructive behavior. The danger in this type of response is that if it isn’t allowed outward expression, anger can
turn inward—on oneself. Anger turned inward may cause hypertension, high blood pressure, or depression or even life threat. Hence it may suggest that research into anger management could improve the ability to predict the behavior and consequently improve the life standard and health.

Therefore, every effort should make to manage this strong emotion. Review of literature presented in chapter – II support the view that a managed anger is never a problem. There may be strategies to manage the anger which can be skilled by a trained counselor/ psychologist/ health professional. Common methods include psychological and yogic interventions. More so, review also help to notice that adolescent period of life is the most critical where such management strategies should be imparted which in turn may help the trainee throughout his adult and aged life stages. Keeping the relevance of the research area in the mind, the investigator identified the following research problem for the present study:

**Assessment and management of Adolescent Anger**

Researcher also further elaborated the subsequent objectives as stated under:

1. To assess the associations among anger parameters, body mass index, general health and subjective well being of the adolescents.

2. To assess the anger, body mass index, general health and subjective well being of the adolescents.

On the basis of the anger expression scores of the participants, two groups were formed i.e.(a) low anger group(n=120) whose score on anger expression was falling in first quartile and (b) high anger group (n=120) whose score on anger expression was more than the limit of third quartile, however, the intervention programs were designed and imparted only to the high anger group. At this stage following objectives were framed:

3. To compare the adolescents of low and high anger expression groups on general health, body mass index and subjective well being scores.

4. To study the effects of intervention programs (psychological, yogic, psychological+ yogic and no intervention) on the anger expression of the high anger group adolescents.
5. To study the effects of intervention programs (psychological, yogic, psychological+ yogic and no intervention) on the body mass index of the high anger group adolescents.

6. To study the effects of intervention programs (psychological, yogic, psychological+ yogic and no intervention) on the general health of the high anger group adolescents.

7. To study the effects of intervention programs (psychological, yogic, psychological+ yogic and no intervention) on the subjective well being of the high anger group adolescents.

8. To compare the efficacy of psychological, yogic and psychological + yogic intervention programs for anger management.

HYPOTHESES

In the light of review of literature, objectives and problem, the following hypotheses were formulated:

1. There would be significant associations among anger parameters, body mass index, general health and subjective well being of the adolescents.

2. The scores on anger parameters, body mass index, general health and subjective well being of the adolescents would fall in the normative range.

3. Adolescents of lower and higher anger expression groups would significantly differ on body mass index, general health, and subjective well being scores.

4. There would be significant effects of psychological intervention on anger expression, general health, body mass index and subjective well being of the higher anger group adolescents.

5. There would be significant effects of intervention programs (psychological, yogic, psychological+ yogic and no intervention) on the body mass index of the high anger group adolescents.

6. There would be significant effects of intervention programs (psychological, yogic, psychological+ yogic and no intervention) on the general health of the high anger group adolescents.

7. There would be significant effects of intervention programs (psychological, yogic, psychological+ yogic and no intervention) on the subjective well being of the high anger group adolescents.
8. There would be no significant difference regarding efficacy of psychological, yogic and psychological + yogic intervention programs for anger management.

With this background investigator may move on chapter – IV dealing with design and methodology of the investigation.