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EFFECTIVENESS OF THE ANGER MANAGEMENT SKILLS TRAINING ON HAPPINESS AND DIMENSIONS OF PSYCHOLOGICAL WELL- BEING OF FEMALE STUDENTS

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ABSTRACT

This study aims to investigate the effectiveness of anger management skills training on the happiness and psychological well-being of the female students in junior schools supported by the Khomeini Relief Committee in Rudsar County. This is a quasi-experimental study with posttest and pretest and the control group. The statistical population includes all the female students of the junior school supported by the Khomeini Relief Committee in Rudsar County in educational year of 2004-2005. The statistical sample included 30 people, achieved the lower score in the questionnaire of the happiness and psychological well-being and was randomly divided into two groups of control and treatment, each of 15. Oxford Happiness Questionnaire and Reef Psychological well-being questionnaire were used in this study as the research too. Findings and covariance analysis showed that the anger management skills' training has no effect on the happiness of the female students of junior school supported by the Khomeini Relief Committee; and this hypothesis was rejected. Furthermore, concerning other hypotheses, the effect of anger management skills training on psychological well-being and its two subscale of positive relationships with others and self- acceptance in the treatment group was positive and significant and was confirmed; however, there was no significant difference concerning the subscale of environmental mastery. Consequently, anger management skills' training increases the psychological well-being, improve the positive relationships with others and self-acceptance of the female students in junior schools supported by the Khomeini Relief Committee.

Keywords: *Anger Management Skills' Training, Happiness, Psychological Well-being*

INTRODUCTION

Adolescence is a critical period in life and the main behavioral patterns that may affect the whole life are formed during this period. Moreover, drug abuse and improper sexual behavioral pattern of emerge in this period (Juan-pablo and Stefan, 2004). One of the emotions that can be studied in this period is happiness, something that we need but we achieve less. Happiness can be manifested in gratitude, inner peace, self-satisfaction, self-interest, and interest in others. Satisfaction and happiness are the most common states of the mind. The obstacles that inhibit us from achieving and experiencing these emotions are called negative acquired processes that we consider them as the bitter facts of life (Saatchi, 2008).

Nowadays, a new perspective in the sciences related to health, generally, and in psychology, particularly is presented. This scientific perspective focuses on positive aspects of the health and well-being and clarifies the nature of the psychological well-being (Ryff and Singer, 1998). Based on this viewpoint, mental health is defined as having the positive characteristics such as efficient social relationships and self-esteem and the psychologist should study these features and help the people to improve them. Inner psychological well-being is the crucial component of a good life and help people to enjoy their lives. Psychological well-being consists of two components: emotional and psychological. People with high well-being experience the positive emotions and think positive; however, people with low well-being think negative and experience anxiety, depression and anger (Diener *et al.*, 2000; Kohaki, 2005). During adolescence, people determine their position in their family and among their friends and social, economic, and family factors play an important role in behavioral decisions of the people. Negative emotions such as aggression during adolescence may cause anger. Anger is a kind of emotion that is manifested due to the

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reaction to the improper behavior of others. Anger may result from a temporal inconvenience and change into nervousness. However, it is a natural phenomenon like other emotions and is a sign of mental and physical health of the people. It may result from the inner factors such as illogical thoughts and beliefs, improper expectations and feeling of failure or external feelings such as betrayal of trust, or others' indifference, ignorance, insult (Kleinke, 2005).

Mental health is affected by a wide variety of social factors and issues. Therefore, the rate of the psychological disorders among some social groups is higher. The ones who belong to the lower social class have less income and more problems such as improper house, nutritional deficiencies, child labor, unemployment, the lack of appropriate hobbies and the lack of timely availability of the health services, and tens of other problems that influence their mental health and self-esteem. Numerous studies have shown the high correlation between the poverty and increasing the mental diseases and decreasing the self-esteem. In other words, living in a low social economic class may practically cause the mental diseases. Environmental stressful factors including, the extreme life events, chronic psychological problems such as anxiety and depression among the people who live in low social and economic classes is more and their access to the style of social support network is lower (Poshtkar, 2009).

Findings of few studies indicate that isolation, restlessness, excessive anxiety, sense of insecurity, problems in social relationships, dissatisfaction with physical state and mental health, selfishness, requiring the others' love and support, suspicion, masochism using the defensive mechanism of projection, ineffective activities and little control over the behaviors and emotions are observed in the clients supported by the relief committee (Naderi, 1993). The lack of the personal and social skills may cause the behavioral problems in schools, crime, exclusion from peers, emotional problems, the lack of control over the emotions, anger, coercion, problems in finding friends, aggression, and problems in interpersonal relationships, weak self-concept, educational failures, problems with concentration and separation from peers and finally depression (Willson, 1994; Mohammadi, 2010).

A number of studies have been conducted on anger management skills' training with different groups including preschool children and adults. Generally, programs are used with flexibility for other groups (Lochman *et al.*, 2003). Nowadays, many scholars emphasize on emotion management skills' training for children and teenagers. Therefore, this issue should be well considered and a logical solution is provided for this problem (Gerzein, 2010). Therefore, anger management skills training for the students of junior schools may increase their potential and help them to control their emotions. Thus, this study aims to answer these questions:

- 1- Does anger management skills' training affect the psychological well-being of the female students of junior schools supported by the Relief Committee?
- 2- Does anger management skills' training affect the rate of self-acceptance of the female students of junior schools supported by the Relief Committee?
- 3- Does anger management skills' training affect the positive relations with others in the female students of junior schools supported by the Relief Committee?
- 4- Does anger management skills' training affect the environmental mastery in the female students of junior schools supported by the Relief Committee?
- 5- Does anger management skills' training affect the happiness the female students of junior schools supported by the Relief Committee?

MATERIALS AND METHODS

Since this study aimed to investigate the rate of effectiveness of anger management skills training on happiness and psychological well-being and needs treatment and control interventions, therefore it is a quasi-experimental research. Pretest and posttest were used with the control group and the students were randomly selected and divided into treatment and control groups. The statistical population included all 80 female adolescents supported by the Relief Committee in the educational year of 2004-2005.

The statistical sample included 50 female students of junior school (the first middle course, seventh and eighth grades, the second middle course, first grade) supported by the Relief Committee of Rudsar

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County of 13-15 years old. These students had obtained lower scores after answering the Oxford Happiness Questionnaire and Reef Psychological well-being questionnaire after the pretest and during the replication process (including the female students from low social class and supported by Relief Committee, junior schools with age group of 13-15) and were considered as the main sample. They are randomly divided into two groups (treatment and control, each of 15) and then treatment group received the anger management skills training program as the treatment factor in 8 sessions of 90 minutes for 45 days, once in a week. Finally, therapeutic interventions were implemented.

A Summary of the Training Sessions

Session 1: identifying different kinds of emotions, familiarizing with the causes of self-emotions, awareness of the effect of thoughts on emotions and feelings. **Session 2:** concentrating on the anger (definition of anger, the reason for anger control, alarming factors of anger, familiarizing with the situations cause anger). **Session 3:** identifying the stages of anger control, introductory solutions of anger control, and the ways for showing anger).

Session 4: identifying the relationships styles and their role in communications. **Session 5:** assertiveness training (self-expression and behavioral definitiveness and so on). **Session 6:** training the mental pressure control, introducing the different kinds of mental pressures and its symptoms, self-relaxing methods in order to control the anger and so on. **Session 7:** training the relaxation and so on. **Session 8:** training the problem-solving skills.

Research Tools

The following tools were used for measuring the data:

Oxford Happiness Questionnaire

Oxford Happiness Questionnaire was developed by Argyle and Hills (1989) and its final form contains 29 questions. Each question has four items of 0-3. The highest obtainable score is 87 that indicate the highest rate of the happiness and the lowest score is zero that shows the subjects' dissatisfaction with life and depression. Normal score on this test is 40-41. Argyle and Low (1990) obtained the reliability of this questionnaire using the Cronbach alpha on 347 subjects as 0.90 (Azmoodeh *et al.*, 2007). Moreover, Alipoor and Noorbaala (1999) obtained 0.93 as the reliability coefficient of this questionnaire using the Cronbach alpha on 132 Iranian subjects. The validity of this questionnaire using the face validity was confirmed (Kajbaf *et al.*, 2011).

Reef Psychological Well-being Questionnaire

In this study, the rate of the psychological well-being is measured based on the subjects' answers using the psychological well-being scale in Reef Psychological well-being questionnaire. This scale was developed by Reef (1989) and reviewed in 2002.

In Iran, Niknam has translated it for the first time and used. Scale 1 measures the autonomy, environmental mastery, personal growth, positive relationship with others, purposefulness in life, and self-acceptance. The sum of these six factors is considered as the total score of psychological well-being. This test is a self-measurement tool that is answered using a continuum of Strongly Agree to Strongly Disagree (1-6).

In this questionnaire, 44 questions are directly scored and 40 questions are inversely scored. This scale was implemented in a sample of 321 people and the coordination coefficient of intra-scales of 0.86-0.93 and the reliability coefficient of retest after six weeks on a sample of 117 people between 0.81-0.86. Besides, the correlation between subscales was 0.32-0.76 that they showed the highest correlation between the self-acceptance and environmental mastery and the lowest correlation was obtained between autonomy and positive relationships with others (0.32) (Bayani *et al.*, 2008).

RESULTS AND DISCUSSION

Results

Descriptive findings showed that the average age of the control group is 14.16 with SD of 3.03 and that of the treatment group is 14.09 with SD of 2.98. The average and SD of the research variables are shown in pretest and posttest in table 1.

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Table 1: Average and SD of happiness criterion in control and treatment groups

Variable	Groups	Pre-test: Mean \pm SD	Post-test: Mean \pm SD
Happiness	Control	25.86 \pm 9.34	26.60 \pm 7.24
	Test	26.26 \pm 8.87	29.06 \pm 10.09
Psychological well-being	Control	289.53 \pm 40.78	280.53 \pm 34.36
	Test	271.93 \pm 16.50	318.40 \pm 20.47
Self-acceptance	Control	33.33 \pm 4.85	34.73 \pm 4.35
	Test	35.13 \pm 5.54	45.40 \pm 5.70
Positive relations with others	Control	38.33 \pm 4.65	40.86 \pm 4.12
	Test	39.93 \pm 3.35	54.06 \pm 5.32
Environmental mastery	Control	35.33 \pm 4.57	38.13 \pm 5.96
	Test	37.86 \pm 6.80	43.26 \pm 12.51

Table 2: Results of Levene's test for determine the equality of variances

Variable	F	dF1	Df2	Sig
Happiness	0.48	3	56	0.69
Psychological well-being	0.54	3	56	0.70
Self-acceptance	0.21	3	56	0.88
Positive relations with others	0.67	3	56	0.57
Environmental mastery	1.26	3	56	0.29

In order to analyze the normality of the data, one-sample Kolmogorov–Smirnov test was used. Results showed that the research variables were not significant in $P \leq 0.05$. Therefore, score distribution of the research variables is normal and the parametric tests can be implemented. The results of the Levene's test in table 2 show that the research groups can be compared.

Table 3: Results of covariance analysis of the anger management skills training on research variables

Variables	Square	DF	Mean square	F	P	Eta- square
Happiness	16.01	1	16.01	0.20	0.65	0.00
Psychological well-being	11537.06	1	11537.06	13.05	0.0001	0.18
Self-acceptance	294.81	1	294.81	11.15	0.0001	0.16
Positive relations with others	504.60	1	504.60	21.10	0.0001	0.24
Environmental mastery	25.35	1	25.35	0.39	0.53	0.00

As shown in table 3, there is a significant difference between the posttest psychological well-being of the control and treatment groups ($P < 0.01$). Moreover, anger management skills training is effective on psychological well-being of the female students of junior schools supported by the Relief Committee. In other words, anger management skills training increase the psychological well-being of the female students of junior schools supported by Relief Committee. However, there is no significant difference between the happiness in the posttest in control and treatment groups ($P > 0.05$). The results of the covariance analysis showed that anger management skills' training has a positive effect on the variables of self-acceptance and positive relationships with others. However, it has no significant effect on the environmental mastery.

Discussion

This study aimed to investigate the effectiveness of anger management skills training on happiness and psychological well-being of the female students of junior schools supported by the Relief Committee. Results showed that there is a significant difference between the psychological well-being in the posttest of the control and treatment groups. It showed that anger management skills training is effective on psychological well-being of the female students of junior schools supported by Relief Committee. In

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other words, anger management skills training increase the psychological well-being of the female students of junior schools supported by Relief Committee. However, there is no significant difference between happiness in the protest of the treatment and control groups.

The result of this hypothesis is consistent with the findings of Gerzin (2010). Gerzin (2010) concluded that anger management skills training with 95% confidence reduce the rate of the aggression and increase the rate of social compatibility and psychological well-being. Furthermore, the results of this hypothesis are consistent with the some findings of Ghanbari (2009) and Moradi (2010). Ghanibari (2009) investigated the effectiveness of the life skills by focusing on self-expression and anger management on the life satisfaction as a mental psychological well-being of the students and concluded that life skills training increase the life satisfaction in the treatment group and showed a significant difference with the control group. Since the adolescents are affected by physical, mental, rational, and social crises and are stuck in the problems caused by these crises, skills training for them should be considered in order to control and solve their problems. Therefore, concerning to the inherent characteristics of the adolescents and cognitive, emotional, and social problems, this study aims to help the status of the adolescents using the anger management skills training in order to reduce their aggression and increase their psychological well-being (Dortaj *et al.*, 2009).

Based on the results of the covariance analysis in table 3 the first hypothesis of this study is confirmed. This finding shows that anger management skills training had a significant effect on the self-acceptance in the treatment group or anger management skills training increased the rate of self-acceptance in the female students of junior schools supported by Relief Committee that is consistent with the findings of Sullivan *et al.*, (2007). Sullivan *et al.*, (2007) believe that patience plays an important role in controlling the anger. They conducted a study on 913 rural students and concluded patient people are more able to control their anger. In clarifying the first hypothesis, it can be said that self-acceptance means having a positive attitude towards self and the past life of people. If people feel satisfaction when they assess their faculties, potentials and activities or their past life, they achieve a mental satisfaction. All people try to achieve positive attitudes towards themselves or self-acceptance (Hauser *et al*, 2005; Qtd, 2013). Therefore, the treatment group could achieve self-acceptance and self-confidence during the training sessions and anger management skills training was effective on self-acceptance of the female students of junior schools supported by Relief Committee. Based on the results of the covariance analysis the second hypothesis of this study is confirmed. This finding shows that anger management skills training had a significant effect on the positive relationships with others in the treatment group or anger management skills training increased the positive relationships with others in the female students of junior schools supported by Relief Committee. This finding is consistent with the findings of Stanly and Markman (2008), Herrenkohl *et al.*, (2007), Kadish *et al.*, (2007) and Kellner and Tutin (2002). In clarifying the first hypothesis, it can be said that the positive relationships with others means having a qualified and satisfying relationships with others. People who have are able to establish ships with others based on the trust (Keyes, 2002). According to Adler, the people who benefit from mental health are able to achieve their goals. These people establish constructive and positive social relationships with others (Gaanji, 2007). Based on the results of the covariance analysis the third hypothesis of this study is rejected. This finding shows that anger management skills training had not a significant effect on the environmental mastery in the treatment group. This finding is consistent with the findings of Atadokht *et al.*, (2013). Atadokht *et al.*, (2013) investigated the effect of social problem-solving training (one of the items of anger management) in promoting the psychological well-being and tolerance of the children with learning disorder. Covariance results showed that social problem-solving training is effective in promoting the tolerance and all psychological well-being components (self-acceptance, positive relationships with others, autonomy, purposeful life and individual growth). However, it was not effective on the environmental mastery of the students with learning disorders. In clarifying the third hypothesis of this study, it can be said that environmental mastery means the peoples potential for life management and its requirements. Therefore, the people who master the environment can manipulate, change, and improve the different environmental dimensions as possible (Kayes, 2002).

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Based on the results of the covariance analysis the fourth hypothesis of this study is rejected. This finding shows that anger management skills training had not a significant effect on the environmental mastery in the treatment group. Despite the few studies on the effectiveness of the anger management skills training on happiness, the result of the present study is relatively consistent with the findings of Mirzamani *et al.*, (2012) and Campell (2014) in few dimensions. Mirzamani *et al.*, concluded that life skills management (in which anger control was one of the items of life skills training) is effectiveness in reducing the symptoms of depression of the students and reduces the social problems and preoccupation about the disease. However, it was not effective in reducing the emotional problems, a sense of guilt and increasing the students' self-esteem, happiness, and joy. In clarifying the third hypothesis of this study, it can be said happiness is originated from the person's attitude towards their lives. These attitudes may be cognitive, such as the judgments about the life satisfaction or may be emotional such as emotions in response to the life events (Diner, 2007; Qtd and Poorgholi, 2014). As a result, anger management skills training in educational environment can be useful for certain groups and is used for increasing the psychological well-being. Moreover, this training course can prevent the negative and harmful consequences and help the personal growth.

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