SOME PSYCHOSOCIAL PREDICTORS OF ANGER IN SCHOOL CHILDREN

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Abstract

A cross sectional survey of children in secondary school was conducted to determine the association between family relation and anger in school children. The participants were one hundred and seventeen (117) senior secondary (SS) school 1-3 students drawn from a Government-owned school in Lagos, Nigeria. 34% of the respondents were in SS1, 33% were in SS2, and 33% were in SS3. They ranged between 12-18 years in age (X =15.51, SD = 1.28). The participants included 12-18 years. Family relation was measured using the Index of Family Relations (Hudson, 1992), while the STAS (Spielberger, 1994) was used to measure anger. The result of a hierarchical multiple regression analysis revealed a statistically significantly positive association (β = .52, R^2 change = .27, p<.05) between family relations and anger. Family relation also positively correlated with state anger (β = .48, R^2 change = .228, p<.05), trait anger (β = .44, R^2 change = .19, p<.05), and anger temperament (β = .54, R^2 change = .29, p<.05). Religion correlated significant with trait anger (β = -.18, p<.05). There was a moderate correlation between gender and anger temperament, and a moderate interactive effect of family relation and age on anger temperament. However, family relations did not predict angry reaction in the participants. The findings suggest the role of family relations on school children's disposition to angry emotions. It also indicates qualitative difference between angry emotion and angry behaviour, which may require additional conditions to manifest. Thus, intervention programmes that are specifically designed for angry school children should incorporate programmes that target the effect of address family background of the individual, as well as the teaching of strategies for coping with anger eliciting situations.

Keywords: Family relations, Anger, school children, dysfunctional, family dynamics.

1   INTRODUCTION

The family is the first point of social contact for every child. As a member of the family the child is either a brother or sister, an only child, a son or daughter and the child's bond to his parents and siblings is very important to his/her emotional development and any threats to these relationships may arouse anger. Each of these relationships involves strong emotion and as long as they are well bounded the child is pleased and satisfied but when they are threatened child is fearful, nervous, and angry (Bowlby, 1988). Alcoholic parents, abusive parent, mentally ill parent, controlling parent, absentee parent, violent parent, parents undergoing divorce, and wayward sibling(s), who characterise a dysfunctional family and these factors pose threats to relationships important to every child.

According to Carl Jung's theory, children are born with the expectation to be loved. In life, when individuals get their positive expectation, they feel so much happiness, peace and joy. However, when faced with unexpected or negative circumstances which could be very traumatic, they experience negative emotions such as anger, guilt, and fear.

Generally speaking, a family is considered to be a collection of people who have ties by blood, marriage or adoption. Every member of the family occupies a role and is expected by others to perform the responsibilities of the position. Family members relate with one another as they perform their duties towards one another while building a shared values and beliefs (Burgess & Locke, 1953). Reliability and trust among members is beneficial to having a strong sense of security among the family members (Fingerman& Berman, 2000).

Family dynamics has to do with the functioning of the family together as a unit, in terms of how they communicate with one another, share one another's feelings, accept each other, cooperate with one another, solve problems together, make decisions together and the quality of relationship between parents (Ministry of Health Promotion MHP, 2010). No matter how little the contact with a family had been members would be influenced by the dynamics experienced in their early lives (Miller, 2015).

Family dynamics could be healthy or dysfunctional and both circumstances have different impact on the members of the family (Revilla, 2014).

A dysfunctional family is a family environment characterised by stress, anxiety and abnormal relationship between parents and children. In a dysfunctional family there is one or more family member with a serious problem that affects the proper functioning of every other member of the family and members are unable to manage the crises. Invariably, such families will produce children under stress that will most likely learn unhealthy ways to cope emotionally (Cunningham & Baker, 2007). Dysfunctional family is the family that is void of hope, unconditional love, physical and emotional support, and basic functions or roles of members to one another are unfulfilled (Bateva, 2014).

In our world today, school children are faced with a lot of challenges (WHO, 2016) and there is need for them to learn how to cope positively with these challenges and pressures so they can achieve a successful transition from childhood to adult hood. Since the home is the first social circle the child experiences and learns from, what becomes of a child from a dysfunctional family that is clearly unable to meet his/her need?

What is Anger? Anger is an emotion that is felt toward someone or something that made you feel bad (American Psychological Association APA, 2016). It is a strong feeling generated in humans in response to feeling of frustration, fear, and disappointment (Hendrick, Bore, Aslinia& Morris, 2013). Mills (2005) postulated that we are not born with anger emotion, we learn it. According to Albert bandura children learn by observing, imitating and modelling behaviours of older people or influential figures in their environment. Based on Bandura social learning theory, children learn by copying or imitating the behaviour of people around them. This means if a child grows up in a home where fighting and arguing is a continuous occurrence, the child will learn and believe that the behaviour is standard and acceptable (Mills, 2005). Other causes of anger are; apparent harm being inflicted on ones kin, possession, property, or social status (Fryda, 1992). An individual will be angry when faced with - stressful, frustrating, and dangerous situations, witnessing a victim being violated, and being the victim of another's anger (Ekman & Friesen, 1975). Two types of anger according to Spielberger (1988) are Trait anger and State anger. Trait anger is a lingering character or trait that shows up as anger given the slightest incitement whileState anger is defined as a sensitive state characterised by biased feelings of pressure, infuriation, frustration or rage. Anger is expressed by individuals in three ways which are repressed anger, expressed anger and controlled anger. Repressed anger means refusal to deal of resolve the anger while pretending to have forgotten the issue. Expressed anger is a display of anger either through verbal or physical aggression. Controlled anger is being able to be calm, tolerant, patient, and understanding over a threating issue (Spielberger, 1991; Arslan, 2010).

Social learning theory: Albert Bandura a social learning theorist expanded the work of B. F. Skinner (Operant Conditioning) and Ivan Pavlov (Classical Conditioning). Bandura was of the opinion that in between stimuli and response is a time of meditation. He also suggested that individuals learn from the environment through the process of observational learning (McLeod, 2016).

Bandura 1961, in his study of the Bobo doll experiment, discovered that children observe the people around them behaving in various ways. A child in the family is surrounded by uncles, aunts, parent's older siblings, grandparents, in school, the child is surrounded by teachers and peers, and the child observes movie characters/stars from the media. According to Bandura, these are the models that provide examples of behaviour a child observe and imitate. **Bandura theorised that** children pay attention to some of these people (models) and internalize, memorise or encode the behaviour they have observed and they later imitate the behaviour they have observed.Children anger and aggression is a result of their experience of either of their parent's violence (Stanley, Miller, Richardson, and Thomson, 2010).

A dysfunctional family could take any of these forms; A family in which – either of or both of the parents are addicted to drugs or alcohol (or any other psychological addiction), or violence and volatility predominates, or the parents are undergoing a divorce and they use children against themselves, or a parent has a mental illness, or the child is overly controlled by parents (Hosier, 2015; Trevor, 2013). Children brought up in any of such dysfunctional (condition) families are also at risk of developing cognitive, emotional and behavioural problems (Williams, 2015; Christoffersen, &Soothill, 2003) such as feelings of hopelessness, low self-esteem, fear, anxiety, feelings of guilt and shame, unhealthy addictions, inability to love and feel loved (Hosier, 2015). For example, Rasaki, Baba, Abdulganiyu, Mahmoud, Odeigah, Sule, and Sanni, (2014) carried out a study on Family Dysfunction and Depressive Symptoms among People Living with HIV/AIDS, in Nigeria, West Africa and found depression to be prevalent among HIV/AID patient who have dysfunctional family. Lee (2010) found

that Children of alcoholics (COAs), have more depressive and anxiety symptoms than non-COAs. COA's experience anger and resentment resulting from family disorder (Sher, 1997; Buddy, 2016). Children of alcoholics are not able to feel or express emotions easily because of fear; hence, they learn the art of burying their feelings (especially anger and sadness) right from childhood (Woititz, 1983). They struggle academically and emotionally and will most likely have a range of feelings such as anger, embarrassment, shame, and hurt (Lohmann, March, 2015).

Thokala, (2009) found that negative behaviours exhibited by parents, will influence children development negatively. Children model irresponsibility and aggression displayed by their parents (James, 1995).Painful emotions accompany the decision of parents to break up or divorce. most children become very sad, and battle with feelings of guilt, shame, confusion, fear, anger, worry and loneliness (Pedro-Carroll, 2011) and children who parents use as a go-between during their disputes have tendency to become more angry, anxious, depressed, miserable or stressed (Kelly, 2012). Children whose parents have broken up are prone to substance abuse and addiction, stealing, prostitution and problematic acts like rebellion, and aggressiveness (Omoniyi-Oyafunke, Hezekiah and Salau, 2014). Another characteristic of a dysfunctional home is a family which one of the parents is mentally ill. Negative consequences of living with such a person include anger, isolation, shame, fear, sadness, chaos, and frustration. Depressed mothers express more anger and hostility and this may influence decreased expression of anger and development of maladaptive coping styles in the children living with them (Goodman & Brunley, 1990; Goodman & Gotlib 1999).

1.1 Statement of Problem

Dysfunctional families produce offspring that are about 35% more likely to exhibit problematic behaviour, such as violence, hostility, or rebellious temperament (Health Canada Report, 2002). Nigeriaas a nation has continuously witnessed conflict, hostilities, and aggressions which are products of anger (Ugoani, 2015). Anger has been linked with an array of emotional, social, mental and physical problems. Various diseases like cancer, stroke, heart disease, and psychological issues resulting in depression, self-harm, heightened risk-taking, poor decision-making and substance abuse has been connected to the anger emotion which results to feelings of hate, bitterness and un-forgiveness (Azevedo, Wang, Goulart, Lotufo, &Benseñor, 2010). Despite its dangerous potentials or outcomes, the concept Anger has received very little attention in research unlike aggression, anxiety, and depression (Gardener & Moore 2008; Richardson &Halliwell, 2008). The aim of this paper is to investigate psycho-social factors that predict anger in school children.

1.2 Research Questions

Is adolescent anger a result of less optimal relationships with their family members?

Would dysfunctional family dynamics predict anger emotionality in adolescents?

Would family relationship predict State Anger?

Would age, religion or gender of an adolescent in dysfunctional family influence anger?

Would poor family relationship predict anger reaction?

1.3 Research Hypotheses

Family relation will significantly predict anger.

Family relation will significantly predict State Anger.

Family relation will significantly predict Trait Anger.

Family relations will significantly predict Anger Temperament.

Age, religion or gender of an adolescent in a dysfunctional family will predict anger.

2 METHOD

2.1 Research Design

The Cross-sectional survey research design was adopted for this study for the possibility of comparing variables. Survey design is instrumental in gathering the opinion of the masses. It offers the possibility

of gathering large amount of data within a short time or period. The variables of this study are family relation as independent variable and Anger emotion as dependent variable. Other variables like gender, age, religion where manipulated to see its effect on anger.

2.2   Population/sampling Technique

Participants were selected among senior secondary students of a Keke High School a Public Secondary school located in Agege local government area, Lagos state. Students comprised of both male and female from SS1, SS2, and SS3. Respondents' ages ranged from 12-18years with a mean age of 15.51. Total no of respondents were 117 students; 34% of respondents were SS1 Students, 33% were SS2 students and 33% were from SS3 students 52% were girls and 48% were boys. Convenience sampling technique which is a non-probability sampling was adopted in selection of respondents.

2.3   Research Instrument

Three instruments were used for data collection in this study. They are:

1   Trait Anger scale (TAS)

2   State Anger scale (STAS)

3   Index of Family Relation (IFR).

TAS and STAS were developed by Spielberger& London (1983) to measure Anger. Both scales have 15 items each. The TAS items are measured on a 4-point Likert scale: Aimost never (1), Sometimes (2), Often (3), Almost never (4). Trait Anger can be assessed using 2 subscales Anger Reaction (items 1, 2, 3, and 8) and Anger Temperament (items 5, 6, 7, and 9). Spielberger, Jacobs, Russel, Crane (1983) reported that State and Trait anger scale has good reliability. TAS has an internal consistency of .87 for students, .84 for females and .87 for males. Anger Temperament subscale has internal consistency of .84 for male and .89 for female. Anger reaction subscale has internal consistency of .70 for male and .75 for female. The STAS items are measured on a 4-point Likert scale: Not at all (1), Somewhat (2), Moderately so (3), Very much so (4). STAS has an excellent internal consistency a correlation of .93 for both male and female. Internal consistency (chrobach alpha). Mean scores for State anger, Trait anger, Anger temperament, Anger reaction for women between 23-32 years is as follows 13.71, 18.45, 5.99, 9.48, for Men – 14.28, 18.49, 5.9, 9.5 (Spielberger, Jacobs, Russel, Crane, 1983).

Index of Family Relation was developed by Hudson (1992), to measure the magnitude or severity of problems individuals have in their family dynamics. It contains 25 items, which are measured on a 7-point Likert scale: None of the time (1), Very rearly (2), A little of the time (3), Some of the time (4), a good part of the time (5), Most of the time (6), All of the time (7). IFR was developed with 518 respondents. Hudson 1992 reported a mean alpha of .95 indicating an excellent internal consistency and excellent low standard error of measurement of 3.65. IFR has excellent know groups validity and a good construct validity (Hudson, 1992).

The TAS, STAS and IFR were used in the questionnaire for this study. Split-half reliability of the instruments using cronbach alpha showed TAS has good internal consistency of .72, mean for male 60.8, female mean sum 28.7, and standard deviation of 6.19. STAS has a good internal consistency of .819, mean 22.9 and standard deviation of 6.81. IFR has very good internal consistency of .895, mean 60.8 and standard deviation of 26.1.

2.4   Ethical Consideration

Ethical approval and school authority consent was obtained before study was carried out. The researcher was introduced to the students and researcher briefed the participants on the purpose of the research in order avoid any negative psychological effect the study might have on them. The researcher also explained the details of the instruments and the type of data the instrument would gather, and assured then of the confidentiality of their responses. The participants, having understood the purpose of the research were allowed to complete the questionnaire. The researcher avoided unnecessary information that will invade participants' privacy and no participant was forced every respondent participated on their free will. The questionnaire were immediately gathered and scored. The participants and school authority was appreciated for their time and response.

3   RESULTS

The data gathered from self-reported questionnaires were analysed using Hierarchical Multiple Analysis Statistics. The data was subjected to outlier analysis following (Hoaglin, 1978). The data was subjected to hierarchical multiple regression analysis using the IBM SPSS-XX. The result is presented in Table 1.

Table 1. Demographic Characteristics of Participants

Variable	Frequency	%
Gender		
Male	56	48
Female	61	52
Total	117	100
Age (M=15.51, SD=1.28)		
12-15	52	44
16-18	65	56
Total	117	100
Grade		
SS1	41	34
SS2	38	33
SS3	38	33
Total	117	100
Religion		
Christian	65	56
Islam	52	44
Total	117	100

Table 2. Regression analysis showing predictors of Anger

Variable	B	SEB	β	t	P	R^2 change
Step 1						
FRI	.34	.05	.52	6.48	.000	.27

Total **R^2** = .27

KEY: FRI – Family Relations Index

3.1   Hypothesis 1: Family relation will significantly predict anger

The result (β = .52, R^2 change = .27, ρ <.050), reveal that family relationship significantly predicts Anger. 27% variance in anger was predicted by poor family relationships. The hypothesis was therefore accepted.

Table 3. Regression analysis showing predictors of state anger

Variable	B	SEB	β	t	P	R^2 change
Step 1						
FRI	.19	.032	.48	5.83	.000	.23

Total **R^2** = .23

KEY: FRI – Family Relations Index

3.2   Hypothesis 2: Family relation will significantly predict state anger

The result (β = .48, R^2 change = .23, ρ <.050), reveal that family relationship significantly predicts state anger. 23% variance in state anger was predicted by problematic family relationships.

Table 4. *Regression analysis showing predictors of Trait Anger*

Variable	B	SEB	β	t	P	R^2 change
Step 1						
FRI	.16	.03	.44	5.2	.00	.19
Step 2						
FRI	.17	.03	47	5.6	.00	
Religion	-2.2	1.0	-.18	-2.1	.04	.22

Total R^2 = .42

KEY: FRI – Family Relations Index

3.3 Hypothesis 3: Family relation will significantly predict Trait Anger

Step 1: The result (β = .44, R^2 change = .19, df = 116, ρ <.050), reveals that family relation significantly predicts trait anger. This indicates that a dysfunctional family can lead to a child having a lingering character or trait that shows up as anger given the slightest incitement. Step 2: The result Religion (β = -.18, R^2 change = .23, ρ =.04), shows that there is an inverse relationship between Religion and Trait anger. Religion interacting with family relation (β = .47,ρ =.00), it moderately predicts Trait anger.

Table 5. *Regression analysis showing predictors of Trait anger (anger temperament)*

Variable	B	SEB	β	t	P	R^2 change
Step 1						
FRI	.07	.01	.54	6.85	.00	.29
Step 2						
FRI	.13	.03	1.02	4.35	.00	
Gender	-.05	.02	-.51	2.17	.032	.32

Total R^2 = .61

KEY: FRI – Family Relations Index

Step 1: The result (β = .54, R^2 change = .29, df = 116, ρ <.050), reveals that family relations predict anger temperament (a subscale of Trait anger). This means that poor or dysfunctional family relations in a family can lead to the children having an anger personality.

Step 2: The result - Gender (β = -.51, R^2 change = .32, ρ =.032), that shows gender is inversely correlated to Anger Temperament and it moderately predicts Anger temperament when interacting with family relations (β = 1.02, ρ <.050) and a total of 61% variance in Trait Anger was predicted by gender interacting with problematic family relationships.

Table 6. *Regression analysis showing predictors of Anger*

Variable	B	SEB	β	t	P	R^2 change
FRI	.24	.04	.54	6.80	.00	
Age X Rlg	-.23	.11	-.16	-2.03	.05	.30

Total R^2 = .30

KEY: FRI – Family Relations Index

Rlg – Religion

The result – Age- Religion (β = -.54, R^2 change = .30, df = 116, ρ =.045), shows that age and religion, is inversely correlated and the relationship moderately predicts. It accounts for 30% variance in Anger.

Table 7. *Regression analysis showing interaction between Gender-Religion, Age –Family Relations*

Variable	B	SEB	β	t	P	R^2 change
Age X FRI	.096	.054	.143	1.77	.08	
FRI	.33	053	.495	6.15	.00	.29

Total R^2 = .29

KEY: FRI – Family Relations Index,

The result from Table 7– Age-FRI (β = .10, P=.079), FRI (β = .33, R^2 change = .29, P=.000), shows that age and family relation does not significantly predict anger. A family relation is statistically significant and accounts for 29% variance in Anger. This means that the age and religion of the adolescent in a dysfunctional home moderately predict his/her degree of anger.

Hypotheses 6: Age, religion or gender of an adolescent in a dysfunctional family will predict anger. From Tables 5, 6 and 7, Age with family relation (ρ =.08) did not predict anger. Age with Family relations (ρ =.045) moderately predicted anger. Gender moderately (ρ =0.32) predicted anger temperament.

4   DISCUSSIONS

The main aim of this study was to examine the extent to which family relation predicts anger emotion in school children. Five research hypotheses were formulated and tested by means of Hierarchical Multiple Analysis Statistics and all hypotheses were tested at the 0.05 level of significance.

The first hypothesis in this study tested if family relation will significantly predict anger. Based on the result R^2 change = .27, ρ =.000, hypotheses was sustained, meaning a dysfunctional family setting can trigger unhealthy anger emotion. This result corroborates with the findings of Repetti, Taylor, and Teresa (2002) who explored the family social environments and the mental and physical health of offspring in Risky Families. They found that the conflict and aggression are present in a risky (dysfunctional family) and cold, unsupportive, and neglectful relationships among members, can create weaknesses in offspring that produce disruptions in emotional and social functioning.

The second hypothesis which stated that family relation will significantly predict State Anger was accepted because the result (R^2 change = .23, ρ <.00), shows family relation significantly predicts state anger. In other word, dysfunctional family relationship can trigger spontaneous annoyance, irritation or intense fury in the children of the family. This result agrees with findings of Ploskin (2016) on the causes of intermittent explosive disorder. He found that people with intermittent explosive disorder, often grow up in unstable families marked by severe frustration, physical and emotional abuse, alcoholism and life threatening situations, because they lack models to teach them healthy ways of dealing with their impulses and emotions.

The third and fourth hypotheses which stated that family relation will significantly predict Trait Anger and family relations will significantly predict Anger Temperament, were both accepted because ρ >0.05 for both hypotheses. The results supports the finding of Hurd, Zimmerman &Xue (2009) who discovered that the more young ones are exposed to negative adult behaviour, the more they adopt and express such negative behaviours and even more complicated ones.

The fifth hypotheses: Age, religion or gender of an adolescent in a dysfunctional family will predict anger, was tested and findings are as follows; Age interacting with family relation did not significantly predict anger. Age and religion interacting with family relation to predict anger accounted for 30% variation in anger. Religion moderates the degree to which family relations predict uncontrolled anger. Gender moderates the degree to which family relations predict uncontrolled anger. Several studies lend credence to these findings. Thomas (2002) reported no significance age differences were found in anger expressed at home, women in their 40s scored significantly higher on anger at work than did women of other ages and a significant difference in age and gender were found in the susceptibility to overtly express anger. Phillips, Henry, Hosie, and Milne (2005) reported that older adults expressed anger outwardly less often, and they reported more inner control of anger using calming strategies compared to their younger counterparts.

4.1 Conclusion

Many emotions have relational rather than personal meanings…'Parkinson (1996). Indeed no man is an island, and our relationships are very important to our existence and survival. Positive relationships impacts positively and influences individuals to develop healthy coping skills but negative dysfunctional relationships influences an individual to develop unhealthy coping skills like problem anger, aggression, addiction, and self-harm (Cunningham & Baker, 2007).

4.2 Recommendation

Based on the findings of this study, the following recommendations are put forward:

- Parents, teachers should not only punish the violence or the behaviour but such children should be referred to a child psychologist who will explore the aspects of the child life and help child psychologically.

- Researchers should explore the impact of a functional and dysfunctional families on the emotional development (especially) of children in middle and late childhood.

- State government should create adolescent-friendly health care centres that will provide routine family functioning assessment and regular family counselling for dysfunctional families.

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