EFFECTIVENESS OF VIOLENCE MANAGEMENT TRAINING IN REDUCING THE ANGER OF STUDENTS

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ABSTRACT
The purpose of this study was to investigate the effectiveness of violence management training in reducing the anger of students. The statistical population of the study was students of Moulavi high school of Vaniser village, Tarom, Rasht, Iran. In this study 24 subjects, by fill the aggression general questionnaire that acquire higher score were selected, and divided in two groups: experimental and control. The number of samples in each group was 12. The students in the experimental group receive 12 weekly sessions’ anger management skills training, while students in the control group did not receive any intervention. Participants completed the 30-item aggression general questionnaire (AGQ and Najariyan, 2001). Results showed that a period of anger management training has significant effect on aggressive behavior, aggressive thoughts and aggressive feelings at 95% confident level. Although the Violence Management Training was effective in reducing violent behaviors and increasing anger control of high school students, it may be considered as an initial step for future intervention studies.

Keywords: Violence Management Training, students, Rasht

INTRODUCTION
Adolescence is one of the most critical, sensitive and ever changing periods of life accompanied with physical, mental and cognitive developments. An individual’s future life, therefore, depends on right and logical decisions are made in this age (Nejati, 2005). According to puberty and formation of identity, a teen may reflect an incompatible behavior (Ahmadi, 2003). The need to independency and self-prove as well as this sense that he/she is not well understood is one of major characteristics of adolescence that most of the time is problematic (Ahadi and Mohseni, 2001). Due to unclear status a young adult has, most often he/she finds an emotional conflict between himself/herself with children and parents (Nejad, 2004). As a child matures, especially in adolescence, parents’ expectations contradict with children’s for achieving a proper independency of their age. Parents impose rules and regulations and as children grow up they violate them (Minouchin, 2004). To self-prove as an independent and unique identity, the teen tries to deny what he/she used to confirm. That is, they stand against family and imitating patterns. Sometimes, this happens in form of aggression and violence against beliefs, morals and traditions he/she opposes them (Ahadi and Mohseni, 2001). Thus, one of principal reasons individuals get involved in aggression could be unfamiliarity with fundamental skills of life. According to the World Health Organization (2003), life skills consist of all capabilities for a compatible and positive behavior; make peoples to deal more effectively with daily needs and challenges. Skills of anger control and assertiveness also equip the individual to manage anger, no aggression, and expression of disappointment appropriately and moving forward personal goals without damage to others’ right. Anger and aggression are defined as behaviors that lead to, or appear to lead to, the damage or destruction of a target identity (Eichelman, 1988). Aggressive acts may be directed at the self, others, or an external object (Glancy and Knott, 2002). However, in most situations, anger is primarily an interpersonal matter, with aggressive acts usually being directed at another person (Vecchio and O’Leary, 2004). For example, Averill (1993) found that in over half of anger episodes, the target was either a loved one or an acquaintance. Only 6% of the anger episodes were directed at an external object. According to Ambrose and Mayne (1999), “Anger remains one of the most significant problems facing our society today. In a world growing more crowded, with the pace of life increasing exponentially, . . . there is growing potential for anger to play a destructive role on a frighteningly large scale”. Therapists across various mental health settings are now routinely confronted
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by clients with anger control problems (DiGiuseppe and Tafrate, 2003). For example, in a recent national survey, experienced psychologists and psychiatrists reported working with angry clients as frequently as working with anxious clients (Lachmund and DiGiuseppe, 1997). However, the majority of published studies on negative emotions have focused primarily on anxiety and depression rather than on anger and violence (Kassinove and Sukhodolsky, 1995). The lack of attention in the literature to anger and aggression is surprising given that anger represents one of the most challenging emotions encountered in psychotherapy (Kobayashi and Norcross, 1999). Two studies (Deutsch, 1984; Farber, 1983) reviewed psychotherapists’ perceptions of stressful client behaviors and found that aggression directed toward therapists was second only to suicide statements as the most stressful behavior encountered by therapists (Kobayashi and Norcross, 1999). Recently, anger management programs have become increasingly available (Giuseppe and Tafrate, 2003).

Treatment in the 1960s focused primarily on helping clients to vent angry feelings (Vecchio and Leary, 2004). These therapies have since lost their popularity because many therapists noticed that the expression of anger generally increased anger, which was counterproductive to the goals of therapy (Bushman et al., 2001). Currently, a range of psychological treatment approaches are available to manage anger and aggression; however, there remains no clear consensus among therapists and researchers on the best way to treat angry clients. Different investigations have confirmed the positive effects these skills possess. For instance, Segrin and Tyler (2007) found that social skills correlate with all indicators of mental health. Moote et al., (1999) in their studies recorded the positive effects training of social skills may have in 23 researches out of 25. Mass et al., (2006) performed two studies on anger control. Their findings showed that ability of controlling emotions leads to experiencing less anger and consequently decrease of negative emotions. The purpose of this study is to investigate the effectiveness of violence management training in reducing the anger of students.

MATERIALS AND METHODS

The study has been conducted through quasi experimental with pretest - posttest control group design. The statistical population of the study was students of Moulavi high school of Vaniser village, Tarom, Rasht, Iran. In this study 24 subjects, by fill the aggression general questionnaire that acquire higher score were selected, and divided in two groups: experimental and control. The number of samples in each group was 12. These subjects were randomly assigned either to the intervention group that received the 12 session violence management skills training or to control group that did not received any training. In this study, did not have dropout.

Instruments

Participants completed the 30-item aggression general questionnaire (AGQ and Najariyan, 2001), which assessed participants’ aggression on 4-point scales (0 = “never” 4 = “always”). The total score provides a measure of overall aggression, but three subscale scores have been identified through factor analysis. These subscales represent aggressive behavior; 12 item, aggressive thoughts; 7 items and aggressive feelings; 11 items. Higher scores indicate more general aggression. Reliability of the questionnaire was substantiated in various studies. For example, the internal consistency of the questionnaire via Chronbach Alpha method was estimated at 82.5 (Sadegi, 2002). Validity assessments have shown moderate to strong psychometric properties (Najariyan and Shokrkon, 2001).

Procedure

The efficacy of the anger management skills training was tested using a quasi-experimental with pretest - posttest and control group design, based on self- report data. Students were randomly assigned to either the anger management skills training or the control group. The students in the experimental group receive 12 weekly sessions’ anger management skills training, while students in the control group did not receive any intervention but were contacted only for the assessments. All students were asked to complete questionnaire at two times: at pretest and posttest (after the intervention). Spss 16.0 (Statistical Package for Social Sciences) software package were used for data analysis.
RESULTS AND DISCUSSION

Results showed that a period of violence management training has significant effect on aggressive behavior subscale of students at 95% confident level (Table 1).

| Table 1: Effectiveness of violence management training on aggressive behavior of students |
|---------------------------------|-----|-----|-----|-----|-----|
|                                | SS  | df  | MS  | F   | Sig |
| aggressive behavior            | 177.33 | 1   | 177.33 | 7.41 | 0.02 | 0.32 |
| Error                          | 49.23 | 16  | 3.08  |

Results showed that a period of violence management training has significant effect on aggressive feelings subscale of students at 95% confident level (Table 2).

| Table 2: Effectiveness of violence management training on aggressive feelings of students |
|---------------------------------|-----|-----|-----|-----|-----|
|                                | SS  | df  | MS  | F   | Sig |
| aggressive feelings             | 102.87 | 1   | 102.87 | 8.58 | 0.01 | 0.35 |
| Error                          | 191.79 | 16  | 11.99 |

Results showed that a period of violence management training has significant effect on aggressive thoughts subscale of students at 95% confident level (Table 3).

| Table 3: Effectiveness of violence management training on aggressive thoughts of students |
|---------------------------------|-----|-----|-----|-----|-----|
|                                | SS  | df  | MS  | F   | Sig |
| aggressive thoughts             | 102.24 | 1   | 102.24 | 6.21 | 0.02 | 0.28 |
| Error                          | 263.24 | 16  | 16.45 |

Results showed that a period of anger management training has significant effect on anger of students at 95% confident level. Several researchers have endeavored to examine the prevalence rates and nature of violent behaviors occurred in family, workplace, media, and schools (Barash, 2001; Paglicci et al., 2002; Tolan and Guerra, 1994). Violence is considered “school-associated” if violent behavior occurs on school grounds, while traveling to or from school, or during school sponsored events (Furlong and Morrison, 2000). Remboldt (1994) reported that in America more than 1.600.000 students tended to spend their school time at home because they were victim of the violence and afraid they might be stabbed, shot or beaten. Stephens (1994) summarized the history of school violence and pointed out that while school discipline problems included talking, chewing gum, making noise and running in the halls in 1940s, by the 1990s carrying weapon at school ground, gangs, drug abuse have been the most frequent incidents. For instance, in 1996-1997, 10 % of all public schools reported at least one serious violent crime to the police (Indicators of School Crime and Safety, 1998, as cited in Sandhu and Aspy, 2000). The empirical evidences point out that almost all over the world the frequency and number of violent behaviors experienced at school increases (Malete, 2007; Marie-Alsana et al., 2006). Hence, for further understanding of school violence and for reduction of it, investigating the effect of prevention or intervention programs is deemed to be crucial. Aronson (2001) pointed out that most violence reduction programs are conceptualized as social skills, aggression management and-or conflict resolution. Likewise, Bemak and Keys (2000) suggest that teaching more than problem solving skills is one of the main determinants that assign the effectiveness of prevention programs. These programs should emphasize training for multiple skills including problem solving, anger management, conflict resolution, verbal and nonverbal communications, and assertiveness. Sprague and Tobin (2000) suggest educational strategies for reducing violence in schools. One of these strategies is social skills instruction that involves interpersonal problem solving, conflict resolution, anger management and social skills which are
employed as core elements of prevention programs to replace aggressive behaviors. Frey et al., (2000) reviewed the studies about Second Step Preventing Aggression by Promoting Social Competence Program that includes social problem solving and anger management. They found out that Second Step can effectively decrease physical aggression, change attitudes that support aggression and increase social interaction among students. Moreover, Leff et al., (2001) investigated the effectiveness of five violence prevention programs and results provided empirical support for their validity. In addition, Larson (1994) reviewed some violence prevention programs and the findings supported the results of the previous study. Recent prevention efforts have targeted behavioral measures of social competence and social skills (O’Donnel et al., 1995). Children who lack these skills are more likely to rely on their negative patterns of interaction and display more negative behaviors (Ollendick et al., 1992). Sukhodolsky et al., (2004) found out that skills training and multi-component treatment were effective in reducing violent behaviors and improving social interactions. Similarly, the findings of a review point out that school-based violence prevention programs are considered to be successful in reducing disruptive behaviors at school setting (Derzon, 2006). In conclusion, teachers’ and parents’ involvement may promote the social behaviors and reduce the possible inconsistencies between training program, school, and home. Moreover, developing programs that have enough duration with follow-up measurement seems still one of the gaps in Iranian literature on school violence prevention. Although the Violence Management Training was effective in reducing violent behaviors and increasing anger control of high school students, it may be considered as an initial step for future intervention studies. The limitations of the present study such as short duration of training and lack of follow-up assessment may be considered in future research when designing and implementing intervention programs for adolescents.

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