

# A Study to Assess the Level of Aggression and Psychological Well-Being among Adolescents

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**Abstract:** Due to an ever-changing modernization of society, there has been a significant growth in the incidents of aggression among youth and adolescents. However, our young generation is wasting their golden period in aggressive activities, violence, and getting involved in crimes. Adolescent age is a period of stress and storm associated with drastic changes in physical and psychological domains and some adolescents find it difficult to cope up with. A correlative descriptive survey approach was adopted to assess the level of aggression and psychological well-being of adolescents in selected schools of Pathanamthitta District in Kerala. A descriptive survey method was used among 400 adolescents aged 12 to 17 years and a convenient sampling technique was selected for the study. The data were analyzed using descriptive and inferential statistics. The result revealed that 20.85% of adolescents have average aggression and 79.3% of adolescents have high aggression. The study findings revealed that 53.8% of adolescents have high psychological well being and 46.3% of adolescents have low psychological well being and also there is significant negative correlation between aggression and psychological well being ( $r=-1.07$ ). There is significant association between aggression and psychological well being with selected demographic variables like age, religion, marital status and type of family.

**Keywords:** aggression, psychological well-being, adolescents

## 1. Introduction

Aggression is an emerging psychological issue in society. Adolescents and aggression are crucial and ardent issues of the current scenario and steps need to be taken to reduce violence among youth. Exposure to media, gadgets, chaotic family environment, and locality can precipitate the aggressive behavior of an individual to a great extent<sup>1</sup>.

The rise of conflict with parents is increasing nowadays even though it is regarded as normal during teens<sup>2</sup>. Adolescents generally have an identity crisis, are often temperamental, venture into risky behavior, seek more independence, and love to be in the company of friends rather than family<sup>3</sup>. Anger has always been associated with a multitude of problems like substance abuse, , domestic violence, psychological disturbances like poor concentration, sleeplessness and self-mutilative behaviour<sup>4</sup>.

Cognitive Behavioral Therapy is a therapeutic intervention that helps in identifying maladaptive cognitive schemas that leads to negative emotions and behaviors. It aids in resolving behavioral problems of adolescents and youths<sup>5</sup> Adolescence is a transition time between childhood and adulthood accompanied by somatic, affective, and mental change. Many teenagers report that they feel irritated and have problems managing anger<sup>8</sup>.

### Objectives of the study

- 1) To assess the level of aggression of adolescents as measured by Buss Perry Aggression questionnaire.
- 2) To assess the level of psychological wellbeing of adolescents as measured by Ryff Psychological Well being.
- 3) To correlate the level of aggression and psychological wellbeing of adolescents

- 4) To find out the association between aggression and psychological well being scores with selected demographic variables.

### Hypothesis

H1 =There will be negative correlation between aggression and psychological wellbeing of adolescents

H2= There will be significant association between aggression and psychological wellbeing scores with selected demographic variables.

## 2. Materials and Methods

**Research Approach:** A quantitative evaluative research approach

**Research Design:** Descriptive Survey design.

**Setting of the study:** Selected schools of Pathanamthitta district in Kerala.

**Sample and Sampling Size:** 400 adolescent boys and girls. .

**Sampling technique:** Convenience Sampling Technique

### Inclusion criteria

Adolescent boys and girls in the age group 12 - 18 years.  
Adolescents only from specific district in Kerala

### Exclusion criteria

Adolescent boys and girls who can understand and speak Malayalam and English.

Adolescent boys and girls who are diagnosed with drug abuse and neuro developmental problems like Oppositional Defiant Disorder and conduct disorder.

The data presented in table 2 depicts that 20.8% of the subjects has average aggression and 79.3% of the subjects has high aggression

**Tool for Data Collection:**

1. Sociodemographic data,
2. Buss Perry Aggression Questionnaire,
3. Ryff Psychological Wellbeing

**3. Result and Discussion**

**Sample Characteristic**

Adolescents in the age group 12-17 years were selected for the study where 78.40% of adolescents are boys as compared to girls (80.10%). 29 % of adolescents are from joint family, 69.75% of adolescents belong to nuclear family whereas 1.25. % of adolescents are from single parent family. 27% of adolescents had history of previous aggressive behaviour. 31% of adolescents have substance abuse in the family. 2.75 % of adolescents are from separated family and 1% of adolescent’s parents are from divorced families.

**Section 1: Description of the level of Aggression and Psychological well being among adolescents**

**Table 1:** Area wise assessment of Aggression of adolescents

Areas	Mean	SD	Minimum Score	Maximum Score
Anger	16.18	3.583	8	26
Physical aggression	25.25	5.751	14	38
Hostility	20.84	6.298	8	31
Verbal aggression	13.27	3.475	5	21
TOTAL	75.54	19.107		

The data presented in table 1 represent that the maximum possible score for Anger is 26, (16.18±3.583); in case of maximum possible score for Physical aggression is 38 (25.25 ±5.751), in hostility the maximum possible score is 31 (20.84 ±6.298. ) In Verbal aggression, the maximum possible score is 21 (13.27±3.475).

**Table 2:** Level of Aggression of adolescents, (N=400)

Level of aggression	Frequency	Percent	Mean	Std. Deviation
Average	83	20.8	75.54	19.107
High	317	79.3		

**Table 3:** Area wise assessment of Psychological Well being

Areas	Mean	SD	Minimum Score	Maximum Score
Self Acceptance	11.87	2.657	7	20
Purpose In Life	14.03	3.294	6	21
Environmental Mastery	13.66	3.227	7	21
Positive Relation With Others	12.44	2.659	7	19
Autonomy	9.44	3.242	3	18
Personal Growth	10.79	3.088	3	17
Total	72.23	18.167		

The data presented in table represent that the maximum possible score for Self Acceptance is 20, (11.87 ±2.657); in case of purpose in life the maximum possible score is 21 (14.03 ±3.294); for Environmental Mastery maximum score is 21 (13.66 ±3.227); in positive relations with others the maximum score is 19 (12.44±2.659). ; for autonomy maximum score is 18, (9.44 ±3.242); in personal growth the maximum score is 17 (10.79±3.0881).

**Table 4:** Level of Psychological Wellbeing of adolescents, (N=400)

Level of Psychological Wellbeing	Frequency	Percent	Mean	Standard Deviation
High Psychological Wellbeing	215	53.8	72.47	11.804
Low Psychological Wellbeing	185	46.3		

The data presented in table 2 depicts that 53.8% of the subjects has high psychological wellbeing and 46.3% of the subjects has low psychological well being.

**Table 5:** Correlation of Aggression and Psychological Wellbeing among adolescents, (N=400, p<0.05)

Variables	Mean	Standard Deviation	r value	p-value	Inference
Aggression and Psychological Wellbeing	72.47	11.804	-.107*	0.033	Significant
	75.54	15.771			

The analysis revealed that there is significant negative correlation between aggression (72.47 ±11.804) and psychological well being (75.54 ±15.771) which projected the r value as 0.033. So hypothesis, H1 is accepted.

**Table 6:** Association of aggression of adolescents and selected demographic variables

Demographic Variables	Average		High		Chi-Square	p-value	Inference
	f	%	f	%			
Age	12 years	9	21.40%	33	0.822	0.976	Not Significant
	13 years	8	20.00%	32			
	14 years	9	21.40%	33			
	15 years	15	22.10%	53			
	16 years	15	17.40%	71			
Gender	Male	44	21.60%	160	0.17	0.68	Not Significant
	Female	39	1.90%	157			
Religion	Christian	39	16.60%	196	9.506 <sup>a</sup>	0.023	Significant
	Hindu	41	29.10%	100			
	Muslim	3	13.00%	20.00%			

	Others	0	0%	1	100%			
Marital Status of Parents	Married	76	19.70%	309	80.30%	7.923 <sup>a</sup>	0.019	Significant
	Separated	6	54.50%	5	45.50%			
	Divorced	1	25.00%	3	75.00%			
Type of Family	Nuclear	51	18.30%	228	81.70%	6.994 <sup>a</sup>	0.03	Significant
	Joint	29	25.00%	87	75.00%			
	Single parent	3	60.00%	2	40.00%			
Any history of previous aggressive behaviour	Yes	22	20.40%	86	79.60%	.013 <sup>a</sup>	0.909	Not Significant
	No	61	20.90%	231	79.10%			
Any history of Psychiatric illness in the family	Yes	16	20.00%	64	80.00%	.034 <sup>a</sup>	0.853	Not Significant
	No	67	20.90%	253	79.10%			

The table depicts that there is significant association of aggression with selected demographic variables at 0.05 level of statistical significance like religion (p value=0.023), marital status (p value =0.019), type of family (p value=0.03) and no significant association with other

demographic variables such as age (p value =0.976), gender (p value = 0.68), and any history of previous aggressive behaviour (p value =0.909), any history of Psychiatric illness in the family (p value =0.853) respectively. So, Hypothesis, H2 is accepted

**Table 7:** Association of Psychological Wellbeing of adolescents and selected demographic variables

Demographic Variables		High		Low		Chi-Square	p-value	Inference
		f	%	f	%			
Age	12 years	27	64.30%	15	35.70%	63.475 <sup>a</sup>	0	Significant
	13 years	21	52.50%	19	47.50%			
	14 years	26	61.90%	16	38.10%			
	15 years	58	85.30%	10	14.70%			
	16 years	49	57.00%	37	43.00%			
Gender	Male	111	54.40%	93	45.60%	.073 <sup>a</sup>	0.787	Not Significant
	Female	104	53.10%	92	46.90%			
Religion	Christian	118	50.20%	117	49.80%	4.035 <sup>a</sup>	0.258	Not Significant
	Hindu	81	57.40%	60	42.60%			
	Muslim	15	65.20%	8	34.80%			
	Others	1	100.00%	0	0.00%			
Marital Status of Parents	Married	207	53.80%	178	46.20%	1.031	0.597	Not Significant
	Separated	5	45.50%	6	54.50%			
	Divorced	3	75.00%	1	25.00%			
Type of Family	Nuclear	152	54.50%	127	45.50%	.330 <sup>a</sup>	0.848	Not Significant
	Joint	60	51.70%	3	60.00%			
	Single parent	3	60.00%	2	40.00%			
Any history of previous aggressive behaviour	Yes	27	21.80%	97	78.20%	5.051 <sup>a</sup>	0.025	Significant
	No	56	20.30%	220	79.70%			
Any history of Psychiatric illness in the family	Yes	47	58.80%	33	41.20%	1.006 <sup>a</sup>	0.316	Not Significant
	No	168	52.50%	152	47.50%			

The table depicts that there is significant association of psychological well being with selected demographic variables at 0.05 level of statistical significance like age (p value=0.00), previous aggressive behaviour (p value =0.025) and no significant association with other demographic variables such as gender (p value =0.976), religion (p value =0.976), type of family (p value=0.848), any history of Psychiatric illness in the family (p value =0.853) respectively. So, Hypothesis, H2 is accepted.

#### 4. Conclusion

This study provides an insight into the aggression and psychological well-being of adolescents and the need for a strength-based approach in improving their wellbeing. We must focus on risk prevention and take initiative at the individual, familial and community level for a significant gains in their wellbeing and aggression reduction.

#### 5. Future Scope

- Nurse educators should conduct periodical seminars, workshops and conferences about aggression and wellbeing of adolescents.
- Public awareness campaign should be conducted at schools and community level about aggression and its preventive measures.
- Formulation of parental guide on management of children with aggression could be of great help in minimizing aggression from early childhood.

#### 6. Recommendations

- A comparative study can be conducted among the adolescent girls and boys with aggression.
- Extensive research should be conducted in various settings regarding aggression and its management.

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