

A Study to Assess the Effectiveness of Psychoeducation Module on Anger Management among Adolescents in Government Senior Secondary School Chhota Shimla, District Shimla (H.P)

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Abstract: A study to assess the effectiveness of psychoeducation module on anger management among adolescents of Government Senior Secondary School Chhota Shimla, District Shimla (H.P). This study was conducted by Miss Yuvabati Thakur for the requirement of degree of masters of sciences in nursing from Atal Medical and Research University Nerchowk, Mandi (H.P) 2024. The present study was conducted with the purpose to evaluate the effectiveness of the psychoeducation module on anger management among adolescents of Government Senior Secondary School Chhota Shimla, District Shimla (H.P). Objectives of the study was to assess the pre-test level of anger among adolescents in Government Senior Secondary School Chhota Shimla, District Shimla (H.P). To evaluate the effectiveness of psychoeducational module on reducing anger among the adolescents in Government Senior Secondary School Chhota Shimla, District Shimla (H.P). To find the association between post-test level of anger and selected demographic variables in Government Senior Secondary School Chhota Shimla, District Shimla (H.P). Conceptual framework in this study is based on Ernestine wiedenbach's perspective theory (1990). Pilot study was conducted during the month of April among the adolescents of Government Senior Secondary School Sanjauli, District Shimla (H.P). This pilot study helped to evaluate the reliability of tool and feasibility of the study. The actual data collection was carried out in the month of June 2024. Pre-experimental research design was chosen. Non probability purposive sampling technique was used to select 60 samples for the study. The tool used for the study was standardized Clinical Anger Scale (CAS) to assess the level of anger among S of Government Senior Secondary School Chhota Shimla, District Shimla (H.P). Dependent variables of the study were anger levels and independent variable for the study was Psychoeducation Module on anger management. Gathered data was analysed and interpreted on the basis of objectives by using descriptive and inferential statistics in terms of frequency, percentage, mean, standard deviation, chi-square and paired 't' test to compare and find the significance to certain variables. Bar diagrams were used to depict the findings. Study results revealed that the pre-test score mean was 24.58, SD 6.815 and with mean % 29. In this study 17 (28.3%) had severe anger, 29 (48.3%) had moderate anger, 11(18.3%) had mild anger and 3(5%) had minimal anger. Study subjects had severe anger and had need for the intervention. In post test score mean was 13.77, SD 3.534 and with mean % 21.90. In terms of level of anger 0(0%) had severe anger, 3(5%) moderate anger, 27(45%) mild anger, (29(48.3%) had minimal anger. It demonstrated that the intervention was effective in reducing anger level. Study showed significant association between the post-test level of anger and sociodemographic variables in N=60 subjects. Based on the objectives, χ^2 test was used to find the association between post-test level of anger and sociodemographic variables. The χ^2 value revealed that there was significant association of post-test level of anger with religion. χ^2 value was 10.378 with p -value=0.035*, $df=4$, at p level (<0.05), indicating that religion had significant impact on the participant's anger scores. The χ^2 value revealed that significant association of post-test level of anger with the educational status of the mother i.e. χ^2 value =18.973 with p -value=0.041*, $df=10$ at p level (<0.05), suggesting that the educational status of the mothers significantly influenced the anger scores. Psychoeducation module was made by researcher to reduce the level of anger among adolescents to effectively deal with anger. The present study recommended that the addition of various techniques to manage anger in curriculum from novice years. It also recommended that practice in education services programmes to be held to make nurses aware about the importance of psychoeducation module on anger management to enhance techniques of managing anger both for the staff and patient.

Keywords: Anger management, Psychoeducation, Adolescents, School mental health, Clinical anger scale.

1. Introduction

Anger is a normal emotion triggered by perceived threats, but uncontrolled anger leads to aggressive and violent behaviour. Physiologically, it increases heart rate, blood pressure, and adrenaline, activating the fight-or-flight response. Though anger can motivate positive change like combating injustice, chronic anger damages judgment, memory, and immune function. William DeFoore likened suppressed anger to a pressure cooker that erupts if not managed. Anger manifests as passive, aggressive, or assertive types, influencing behaviours such as blaming, punishment, or stern discipline. Cultural studies show differences in anger expression frequency, with some ethnic groups expressing negative

emotions less often, though basic recognition remains universal. Modern psychology views anger as a natural, primary emotion linked to blood pressure and neural activity, affecting behaviour. It is a major public health concern in children and adolescents, often resulting in oppositional behavior, aggression, and mental health referrals. Adolescents, aged 10-19 per WHO, face anger due to physical and psychological transitions, poverty, abuse, and poor coping skills. Historically seen as a turbulent phase by Hall, Erikson, and Freud, adolescence involves identity formation and confusion. Effective anger management through communication, education, and relaxation is essential, as uncontrolled anger harms school, social life, relationships, and self-esteem.

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2. Need of the Study

Anger is a very strong emotion felt by human kind. If not handled properly it can cause long term physiological and psychological effects such that arguments, physical fights, physical abuse, assault and self-harm. Anger trigger human's emotions fear, excitement, anxiety, insomnia short and long-term health problem. Adolescence is the transitional phase and period of growth and development between childhood and adulthood. Parents often have a difficult time dealing with their adolescents newfound independence problem such as frustration and confusion that can lead to anger and a pattern for a reactive behaviour. Pashupati Mahat, Sharma Vidya Dev (2012) stated anger itself is not desirable and good for both physical and emotional health. The goal of anger management is to reduce both emotional feelings and the physiological arousal that anger causes. Behavioural strategies to control anger include relaxation, self-statement, problem solving, better communication, and cognitive intervention. WHO defines adolescents 10-19 years, a developmental stage with emotional and physical changes where skills to manage emotions are learned. Adolescents who struggle to control moods and anger without support can develop significant issues later in life. Therapeutic interventions like anger management training reduce maladjustment and prevent future aggressive behaviour. Studies from India show high prevalence: Choudhary Yachana et al. (2022) found 49.5% aggression among Classes 9th–12th; Sidhu Kaur Tanvir et al. (2019) reported 51.9% aggression in school-going adolescents with males showing more physical aggression. In India, 312 million adolescents aged 10-19 years make up 18% of the global adolescent population, with 12% affected by

anger. Kaur Simarnjeet et al. (2020) found 42.0% of adolescent girls had moderate anger and 17.2% high anger. Anger is closely associated with aggression and if reinforced, becomes tolerated behaviour. According to WHO, aggression percentage varies from 12-29% in countries under 16 years of age. Charles Spielberger defines anger as an emotional state from mild irritation to intense fury, raising heart rate, blood pressure, adrenaline, and noradrenaline. While a certain amount of anger is necessary for survival, suppressing it can turn anger inward causing hypertension, depression. The goal of anger management, per American Psychological Association (2022), is to reduce emotional feelings and physiological arousal through psychoeducational group interventions that teach tools to change behaviour.

Statement of the Problem

“A study to assess the effectiveness of psychoeducation module on anger management among adolescents in Government Senior Secondary School Chhota Shimla, District Shimla (H.P).”

Objectives of the Study

- 1) To assess the pre-test level of anger among adolescents in Government Senior Secondary School Chhota Shimla, District Shimla (H.P).
- 2) To evaluate the effectiveness of psychoeducational module on reducing anger among the adolescents in Government Senior Secondary School Chhota Shimla, District Shimla (H.P).
- 3) To find the association between post-test levels of anger and selected demographic variables in Government Senior Secondary School Chhota Shimla, District Shimla (H.P).

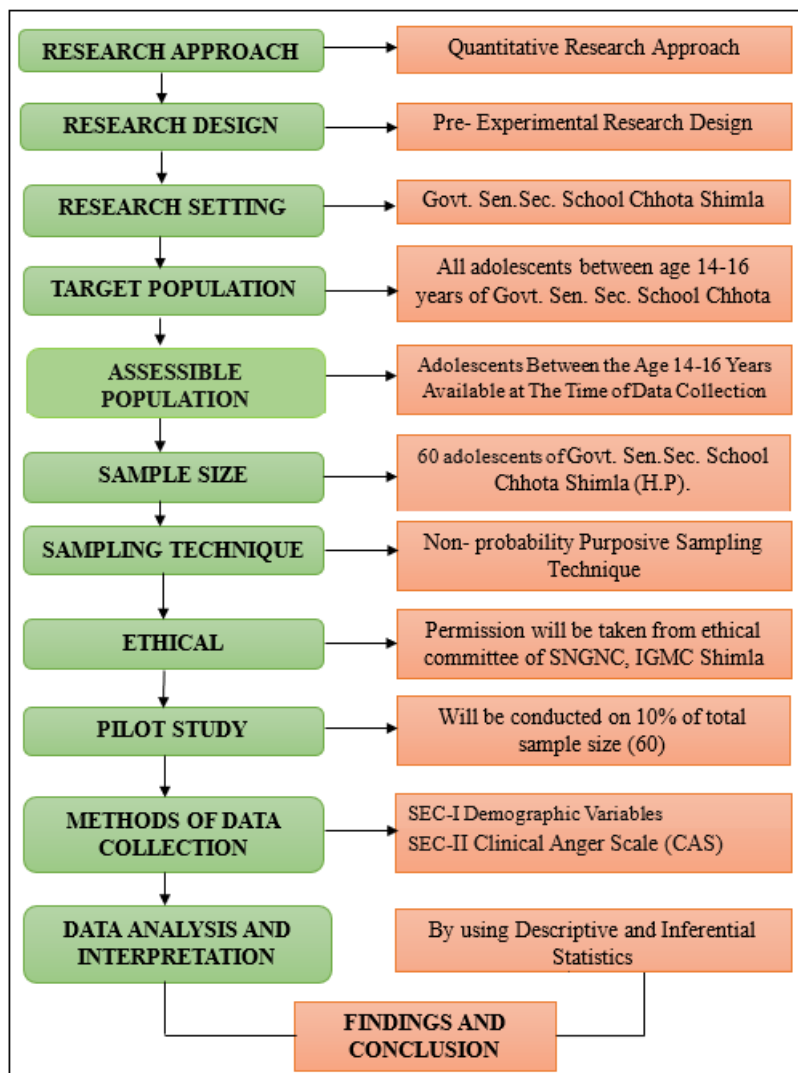


Figure 1: Schematic Representation of Research Methodology

3. Results

The study showed a significant reduction in clinical anger scales score from pre-test to post-test among 60 subjects. The pretest score was 24.58, which corresponds to 39.02% of the maximum possible score, indicating to moderate to severe anger level. After the intervention, the average score decreased to 13.77, which is 21.85% of the maximum score, reflecting minimal to mild anger levels. The average reduction in score was 10.82(17.17%), highlighted the effectiveness of the intervention in substantially lowering anger levels in the subjects. Study showed association between the post-test level of anger and sociodemographic variable in N=60. Based on the objectives, X2 test was used to associate the post-test level of anger with sociodemographic variables. The X2 value revealed that there was significant association of post-test level of anger with religion with X2 value was 10.378 with a p-value=0.035*, df= 4, at p level (<0.05). Indicating that religious affiliation had a significant impact on the participant's anger scores. The X2 value also revealed that there was significant association of post-test level of anger with the educational status of the mothers. The X2 value =18.973 with a p-value=0.041*, df=10 at p level (<0.05). Suggested that educational status of the mothers significantly influenced the anger scores.

4. Discussion

The study results revealed that the pre-test score mean was 24.58, SD 6.815 and with mean % 29.00. In this study 17 (28.3%) had severe anger ,29 (48.3%) had moderate anger, 11(18.3%) had mild anger and 3(5%) had minimal anger. Study subjects had severe anger and had need for the intervention.

The results of the present study findings is consistent with the finding of this another study. **Kaur Simarjeet, Thakur Ranjana, Chaudhary Richa, Kaur Ravijeet (2020)** Conducted a study results revealed that 47.1 % of adolescent girls were having moderate physical aggressive behaviour. 54.1% of adolescent girls were having low level of verbal aggression. 72.6% of them were having low hostile behaviour and 42% of them had moderate level of anger.

Another study **Choudhary Yachana, Kumar Mohan, Mahore Rajendra, Lanke W. G., Dubey Manju (2022)** conducted a study that showed the results prevalence of aggression among children from Classes 9th to 12th was 49.5%; physical aggression was 42.7%, verbal aggression was 31.8%, anger was 44.3% that showed higher level of aggression among the adolescents.

5. Implications of the Study

Study found most adolescents had anger; poor coping leads to depression, anxiety, irritability, aggression. Psychoeducation effectively reduces anger.

1) Nursing Education

Psychoeducation must be core in mental health nursing curriculum with practical focus to equip students for adolescent anger management. Nurse educators should use case studies, role-plays to teach anger concepts. In-service programs are vital for updating nurses' skills.

2) Nursing Practice

Psychiatric nurses must promote anger awareness through psychoeducation, teaching coping skills, self-regulation, and relaxation techniques. Nursing teachers should integrate anger management, emphasizing early identification, personalized plans, and healthy emotional expression.

3) Nursing Administration

Psychoeducation is cost-effective for reducing anger in demanding healthcare settings. Administrators must ensure continuing education for nurses. Proper supervision and motivation are needed to implement anger programs, improving leadership, communication, and patient outcomes.

4) Nursing Research

Study supports evidence-based practice for adolescent anger care and identifies gaps for future research on anger management. Findings help nurse researchers develop effective psychoeducation modules, translating research into practice for better patient outcomes.

6. Conclusion

On the basis of total mean score finding, it was revealed that in subjects anger score were in moderate levels after the implementation of psychoeducation module on anger management, post-test score of anger were in mild-minimal levels in the group. There was significant association of post-test anger with demographic variables. Religion showed a significant association with post-test anger levels. The Chi-square value was 10.378 with a p-value of 0.035, indicating that religious affiliation had a significant impact on the subject's anger scores. The educational status of the mother showed a significant association with post-test anger levels. The Chi-square value was 18.973 with a p-value of 0.041, suggesting that the mother's education level significantly influenced the anger scores.

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