

EXPRESSION OF ANGRY EMOTION: A CROSS-SECTIONAL STUDY IN ADOLESCENTS

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ABSTRAK

Aggressive behavior and violence in adolescents are behavior disorders that often arise and are related to the developmental phase of adolescents. Such behavior can be detrimental to the youth themselves and the surrounding environment. This study aimed to describe the emotional expression of anger in adolescents. A cross-sectional survey was conducted on 160 students of a private junior high school in Surabaya, which was taken using simple random sampling. The variable was angry emotions, which were measured using five indicators. Data were collected using The Multidimensional Anger Inventory. Descriptive statistics are used to explain data patterns. The average value of Anger Arousal (AA) was 38.43, the Range of Anger-eliciting Situations (RAS) was 25.66, the Hostile outlook (HO) was 32.79, Anger-out (AO) was 11.06, and Anger- (AI) was 17.87. The dimensions with a mean value of more than the value on the 50th percentile criterion were AA, RAS, and AI. The total value of anger dimensions was also more than the value criteria (50-percentile). Teenagers were more likely to show angry emotional responses (mean 125.81). The highest total emotion sub-scale is at the 51-70 percentile (38.125%) and the second most at the 31-50 percentile (37.5%). Handling aggressive behavior in adolescents can be done through preventive, educative, and repressive efforts. Various efforts by avoiding trigger factors, getting used to thinking again, reviewing responses to trigger factors, and extending and extinguishing anger fuses through activities in the form of counseling, seminars, discussions, and involvement of parents, community leaders, and security forces.

Keywords: adolescent; angry emotion; aggressive behavior

INTRODUCTION

Significant physical, psychological, and social changes occur during adolescence. Psychological and social development shifts from entropy to negentropy, where human consciousness (knowledge and feelings) is not yet organized into a well-organized form. The knowledge and feelings of adolescents in the entropy phase have not been coordinated with each other and may even be contradictory, impacting adolescent capacity. Psychosocial developments in adolescents that arise include anxiety about physical appearance, hormonal changes, individual freedom, fighting behavior, friends occupying important roles, feelings of belonging, demanding justice, and seeing the situation only from two sides, black and white (Pieter, Z, H., Juniwarti, B., & Saragih, 2011; Sarwono, 2012). The psychosocial development of adolescents, especially in determining self-identity, is influenced by pressure from peer groups and the environment because adolescents are closer to their peers than their parents, and they do many activities outside the home (Jahja, 2011; Papalia, 2008). Adolescents' ability to see a situation only from two sides, namely black and white, will lead to conflict if there is a discrepancy with him. Conflict experienced by adolescents can lead to role confusion (role confusion). Teenagers' efforts to reduce friction synthesize various roles into one self-identity (Pieter, Z, H., Juniwarti, B., & Saragih, 2011).

Some problems and conflicts that often occur among adolescents are mental health, tobacco use, dangers from alcohol consumption, trauma, injuries from violence, safety in traffic, and HIV adolescents (World Health Organization, 2021). The problems of teenagers in Indonesia, in general, are brawls, delinquency, use of drugs (narcotics, psychotropic, and other addictive substances), sexual issues, and HIV/AIDS (Biro Komunikasi dan Pelayanan Publik Kementerian Kesehatan R.I., 2023). The large number of incidents of youth violence in

Indonesia, known as brawls, has been reported by several sources. The Indonesian Child Protection Commission (Komisi Perlindungan Anak Indonesia) recorded that around 202 children conflicted with the law as a result of being involved in brawls in the span of two years (2017-2018). The number of cases of possession of sharp weapons was 74. The Central Statistics Agency (Badan Pusat Statistik) reported that in 2014, student brawls occurred in 0.4 villages/districts in Indonesia. In 2018, the figure rose to 0.65% but fell to 0.22% in 2021 due to restrictions on activities during the pandemic (Ahdiat, 2023).

Violent behavior and aggression are related to adolescent emotions, namely anger. Violent behavior in adolescents includes behavioral disorders related to the phases of teenage development. Reactive aggressive behavior is controlled by offense, defense, retaliation, and responding to situations or accepting provocation (Cavell, 2007). Aggressive behavior in a psychic form is reflected in apathy, feelings of anger arising from emotional or emotional overflows. The psychosocial development of adolescents in the form of fighting behavior further increases aggressive behavior. Fighting and aggressive behavior impact rude behavior, demands for freedom, and difficulties in building relationships. Aggressive behavior is closely related to the individual's emotional involvement with the victim (Helmi & Soedardjo, 1998; Pieter, Z, H., Juniwanti, B., & Saragih, 2011). Handling aggressive and angry behavior in adolescents can be done individually or in groups. Novaco's (1978) model is individual-focused therapy. Taking the Navaco model is planning to avoid angry storms, reduce angry outbursts, and deal with angry consequences (Faupel, Adrian; Herrick, Elizabeth; Sharp, 2011). Group treatment includes cognitive behavior group therapy and integrating leadership skills into an anger management group (Burt et al., 2013; Sütçü et al., 2010). Group therapy techniques effectively reduce anger and aggression and increase anger control in adolescents. Some therapies can reduce aggressive and angry behavior and increase positive adolescent social interaction (Burt et al., 2013). The handling of aggressive behavior by adolescents in Indonesia is carried out in a preventive, educative, and repressive manner through counseling, seminars, discussions, involvement of security forces, television shows, summoning parents, and inviting religious leaders to the establishment of special schools (Saleh, 2003). This study aimed to describe the emotional expression of anger in adolescents.

METHOD

The research design was a cross-sectional survey. The population is 160 grade 8 students of a private junior high school in Surabaya, taken by simple random sampling technique. The variable is the emotion of anger in adolescents, with five indicators including causes of anger, frequency of anger, periods of rage, characteristics of anger, and coping strategies. Data were collected using a questionnaire developed from the Angry Emotions Screening Questionnaire by Louis H Janda (Janda, 2001). The reliability value of the instrument was 0.776, while the validity value of 9 of the 38 questionnaire items was revised because the validity value was still low. Descriptive statistics are used to describe patterns (frequency, percent).

RESULT

Table 1.
Gender and age of adolescents

Angry emotion	f	%
Gender:		
1. Laki-laki	91	56,875
2. Perempuan	69	43,125
Age		
1. 12 years	4	2,5
2. 13 years	90	56,25
3. 14 years	58	36,25
4. 15 years	8	5

Table 2.
Dimensions of adolescent anger emotions

The emotional dimension of anger	Mean	Min-Mak	SD
Anger arousal (AA)	38,43	22-62	7,035
Range of anger-eliciting situation (RAS)	25,66	5-39	5,611
Hostile outlook (HO)	32,79	17-48	5,530
Anger out (AO)	11,06	4-18	2,559
Anger in (AI)	17,87	9-26	3,325

Table 3.
Sub-scale of adolescent anger emotions

Angry emotion subscale	f	%
≤ 86 (≤15 percentile)	1	0,625
87-104 (16-30 percentile)	12	7,5
105-123 (31-50 percentile)	60	37,5
124-142 (51-70 percentile)	61	38,125
143-160 (71-85 percentile)	21	13,125
161-220 (86-100 percentile)	5	3,125

DISCUSSION

The results showed that the average value of anger arousal (AR) was 38.43, the range of anger-eliciting situations (RAS) was 25.66, the Hostile outlook (HO) was 32.79, anger-out (AO) was 11.06, and anger-in (AI) of 17.87. The average AA is on the highest sub-scale, namely 85 percentile (score 47); RAS is on the middle sub-scale, namely 50 percentile (score 25); HO is on the second lowest sub-scale, namely 30 percentile (score 29); AO is on the middle sub-scale is 50 percentile (score 11), and AI is in the middle sub-scale, namely 50 percentile (score 17). Angry emotion dimensions with a mean value of more than the value on the 50th percentile criterion, namely AA, RAS, and AI. This study's total value of anger dimensions is also more than the value criteria in the 50-percentile category.

Anger arousal is arousing anger/desire to be angry, while a range of anger-eliciting situations is a condition that triggers angry emotions. Adolescence is a transition period to adulthood, and psychological and social changes in adolescents range from entropy to negentropy. The knowledge and feelings of adolescents, which are still not neatly arranged, will move towards a well-organized condition. At this stage, adolescents' ability will develop from seeing a situation only from two sides, namely black and white, to various sides/points of view. If adolescents cannot undergo this phase adaptively, this will lead to conflict due to the incompatibility they experience. Conflict experienced by adolescents can lead to role confusion (role confusion) (Pieter, Z, H., Juniwanti, B., & Saragih, 2011). Anger is a condition in which a person expresses his anger emotions, which tend to be suppressed within him without telling them to the outside/objects raised by the individual. Anger/emotions of anger

are dangerous because of several significant problems that destroy social life, including the youth group. Angry feelings tend to encourage someone to fight or behave aggressively. Disappointment, physical pain, humiliation, or threats often provoke anger and aggression (Mu'tadin, 2002).

The results showed that adolescents are likelier to show angry emotional responses (mean 125.81). The highest total emotion sub-scale is at 51-70 percentile (score 124-142) with a frequency of 61 respondents (38.125%) and the second most at 31-50 percentile (score 105-123) with a frequency of 60 respondents (37.5%). The adolescents' sex was mainly male (56.875%), with the majority (56.25%) aged 13 years. A Previous study stated that 88.8% of adolescents who behave aggressively are male. They are students of class VIII (junior high school) (Trisnawati et al., 2014). Adolescence is the peak of emotionality (high emotional development). At the age of early adolescence, his emotional development shows a compassionate and reactive nature towards various social situations; his emotions are negative and temperamental (easily offended/angry or easily sad/depressed) (Suryo Atmojo, 2019; Yusuf, 2008). Anger in adolescents occurs when frustrated, hurt, and afraid, and this is a usually solid and unpleasant human emotional response to a provocation, both natural and perceived by the individual (Videbeck, 2008). Anger is described as extreme aggravation but not appropriately expressed and has substantial consequences in the form of anger at the individual or the person receiving the results of anger, including passive witnesses (Faupel, Adrian; Herrick, Elizabeth; Sharp, 2011).

Teenagers' anger arises when they and their friends feel unfairly treated and arbitrarily humiliated so that feelings arise in them that they are considered as children, criticized, disturbed, or disturbed when they are doing something (Soesilowindradini, 1996). Teenagers' anger is expressed by swearing at people, mocking them, slamming doors, locking themselves in their rooms, and not wanting to talk to anyone. At a reasonable level, anger is something positive or negative. If the intensity of anger is excessive, it can be very destructive and dangerous. Angry emotions indicate that someone should defend themselves from harassment and the deprivation of individual rights. Because angry emotions cannot be eliminated, one must be able to control and use them for constructive purposes (Greenberg, 2024). Previous studies stated that fighting behavior was found in one in five school teenagers in various parts of the world (OFFER & SCHONERT-REICHL, 1992). This fighting behavior involves rebellion, emotional changes, and conflicts with adults and family (Papalia, 2008). Two previous studies found that adolescents experience more difficult times, namely family conflicts, depression, and risky behavior, that occur more frequently than other phases of life (Arnett, 1999; Petersen et al., 1993). Teenagers' efforts to reduce conflict are synthesizing various roles into one self-identity (Pieter, Z, H., Juniwanti, B., & Saragih, 2011).

CONCLUSION

Adverse behavior in adolescents can be handled through preventive, educative, and repressive efforts. Various efforts include avoiding trigger factors, getting used to thinking again, reviewing responses to trigger factors, and extending and extinguishing anger fuses through activities such as counselling, seminars, discussions, and the involvement of parents, community leaders, and security forces.

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