www.ThePharmaJournal.com

# The Pharma Innovation



ISSN (E): 2277-7695 ISSN (P): 2349-8242 NAAS Rating: 5.23 TPI 2022; SP-11(8): 564-568 © 2022 TPI www.thepharmajournal.com

Received: 11-06-2022 Accepted: 14-07-2022

#### Arifa Momtaz Begum

Junior Extension Specialist (Community Science), Directorate of Extension Education, Assam Agricultural University, Jorhat, Assam, India

#### Jinamoni Saikia

Professor, Department of Human Development and Family Studies (HDFS), College of Community Science, Assam Agricultural University, Jorhat, Assam, India

#### Tulika Borah

Associate Professor, Department of Human Development and Family Studies (HDFS), College of Community Science, Assam Agricultural University, Jorhat, Assam, India

Corresponding Author Arifa Momtaz Begum Junior Extension Specialist (Community Science), Directorate of Extension Education, Assam Agricultural University, Jorhat, Assam, India

### Types and levels of adolescents' aggression as perceived by peer and their management

#### Arifa Momtaz Begum, Jinamoni Saikia and Tulika Borah

#### Abstract

Identifying, controlling and managing highly aggressive behavior and its ill effect on school going adolescents have not yet been a major focus of education system in India. Hence, the present study was undertaken to identify the types and level of aggression of adolescents and intervene them with mindful activities. The study was conducted in Sonitpur district of Assam during 2020-21. The sample (32 NOS) for the study was selected purposively from a population of 185 students belonging to IX<sup>th</sup> (Ninth) standard of selected schools. A standardized questionnaire namely Direct & Indirect Aggression Scales developed by Bjorkqvist *et al.* (1992) was used to gather data from the peers of the respondent to find out the prevalence of aggression among adolescents. A Mindfulness-Based Intervention programmer was conducted to manage and regulate unpleasant emotions. Descriptive statistics were used to analyze the data. The findings of the study revealed that three types of aggression viz. physical, verbal and social were present among the respondents which were categorized as high, average and low. Physical and verbal aggressions were more frequently exhibited by the respondents as perceived by peers. A significant increase in the percentage of respondents in low level of aggression revealed that a large section of respondents abate the level of aggression considerably after intervention.

Keywords: Aggression, adolescents, peer, coping skills, intervention, mindfulness

#### 1. Introduction

Aggression is an important issue among adolescents that need to be addressed. Society has seen an increase in the incidents of aggression/violence among youth. In today's world, rate of maladaptive behaviors and antisocial behaviors have increased in frequency and severity among children and adolescents. Aggression, as defined by the Oxford dictionary of Psychology (2009) is behavior whose sole purpose is to injure another person physically or psychologically. Fraser (1996) <sup>[7]</sup> suggested that aggressive behavior in childhood originates with family processes that lead to social rejection by peers and the use of aggression to achieve goals. Peers are the bystander, sometimes act as participant observer in the prevailing aggressive situation of school may be in the play field, during game hours, recreation time, in between classroom hours etc. Mostly information of negative behaviors like aggression can be gathered from the peers because actual behaviors are being expressed in front of peers only. Aggression may manifest itself in many ways may take various forms such as social aggression, verbal aggression, physical aggression and more serious kinds of violence. The consequences of aggression and related activities presently pose a major problem for society and uncontrolled aggression causes social, occupational, educational, physical and mental health problems among adolescents and often leads to alcohol and drug use, smoking, low adaptability at school, educational failure, depression, delinquency, and other disorders among adolescents (Maleki et al., 2011)<sup>[11]</sup>. Due to these significant consequences of aggressive behavior, steps for prevention and treatment must be taken to mitigate these harmful effects. Understanding the risk factors for aggressive behavior is vital to effective prevention and intervention.

Hence, the present study was undertaken with the following objectives.

- To identify the types and levels of adolescents' aggression as perceived by peers
- To intervene them with mindfulness activities to manage and regulate unpleasant emotions and assess its efficacy.

#### 2. Methodology

The sample for the present study was selected from class IX (14-16 years) of two selected schools as they belong to early and middle adolescence period (WHO, 2002) in which

aggression reaches in its peak led by heightened emotionality. In the present study, quasi experimental design was used as the study conducted two different follow up assessments after doing baseline assessment. Stoichiometric assessment was done as the first step in identifying the aggressive students.

A self structured questionnaire was developed by the researcher to collect background information of respondents. In order to assess the types and levels of aggression of selected respondents, a standardized structured questionnaire namely Direct & Indirect Aggression Scales (DIAS; Bjorkqvist *et al.*, 1992)<sup>[2]</sup> was used which consists of 24 statements and measures three kinds of aggression, namely Physical, verbal, and indirect or social. A five-point scale (0=Never, 1=Seldom, 2=Sometimes, 3=Quite often, 4=Very often) has been used for responses to all items. In this study the categories of "High", "Average", and "Low" for each type of aggression were made by following the method of class interval in which class intervals were decided by arranging the scores in different classes and width i.e. based on the highest and lowest scores obtained by the respondents.

For peer estimation, two copies of the DIAS were distributed to each of the respondents to score for two of their batch mates. It was done within the group of selected sample (32 numbers) of the study. Thus, a total of 64 numbers of questionnaires were collected from the selected respondents.

#### 2.1 Inter rater agreement

To obtain a reliable score for every respondent the inter rater agreement was done. For that purpose, each respondent was rated by two of their peers using DIAS (guided by the researcher). In case of any discrepancy in rating the statements of behavior by the peers of respondent, the per cent agreement method was adopted to find out the level of agreement. The per cent agreement for 24 statements of all the respondents was calculated separately for each respondent. The per cent agreement measure varied between 79% to 92%, this was a reliable per cent agreement for the study. In case of inconsistency in rating of certain statements, one more rater (batch mate) was called to rate and a consensus on rating for a particular behavior was made on the basis of the third rater. It was done to justify the assessment of behavior (score) of the respondents. Peers (two numbers of friends for each respondent) remain same in the post test 1 and post test 2 for

each respondent. Formula (Gisev *et al.*, 2013) <sup>[9]</sup> for calculating the percent agreement was.

Percentage agreement =  $\frac{\text{Number of concordant responses}}{\text{Total number of responses}} \times 100$ 

#### 2.2 Intervention

"Emotion-Focused Coping Skills-a Mindfulness Approach", is an intervention package which was developed by the researcher especially for adolescents with a view to reduce and manage aggression. The package was prepared as a module and was implemented by the researcher to develop coping skills of the adolescents to manage uncomfortable emotions mainly through mindfulness activities. This intervention package was a combination of learning psychoeducational component, mindfulness and meditative activities as well as essence to abate aggression. Sensitization programmer for parents and teachers was also a part of this intervention.

In order to judge whether the mindfulness activities for management of aggression can really change the behavior of the selected subject or not, two post tests (during  $3^{rd}$  month and  $5^{th}$  month) have been conducted after intervention. Additional information regarding the respondents were collected by interviewing the parents through home visit, observation of the home environment during home visit, obtaining required information from parents through telephonic discussion, direct discussion with peer group and teachers in the school.

The data were analyzed to find out the prevalence of aggression as perceived by peers. After intervention, the collected data were again analyzed to find out the efficacy of the intervention (Second Phase). Descriptive Statistics such as frequency, percentage, mean and standard deviations were calculated using Microsoft Office Excel. Inferential Statistics namely Paired t-Test was calculated by using SPSS 23.

#### 3. Results

Three types of aggression viz. physical verbal and social were found among the respondents as reported by peers after the baseline assessments which were categorized as high, average and low.

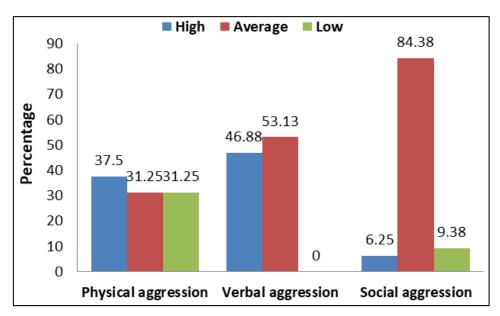


Fig 3.1: Distribution of respondents according to types and levels of aggression as reported by peer

From the Fig. 3.1. It is clear that according to peer, physical and verbal aggressions were most frequently showed by the respondents. Peer's observation confirms that the respondents involved in behaviors like yelling, insulting, bullying and teasing towards their peers. They also called the other one's name and said that he is going to hurt the other one. Besides, the respondents also exhibited some other behaviors like continuous arguing, threatening, bossing, withholding information, humiliating, ridiculing, using offensive remarks, shouting etc. Comparatively a higher percentage of respondents were seemed to be involved in high level of physical aggression. They were involved in behaviors such as hitting, kicking, bullying, pushing, striking back in anger, use of strong-arm tactics to get something they want and engage in physical fights. The possible reason for this is that the peers are one of the main stakeholders with whom adolescents express their aggression. Generally, during the school hours many of the adolescents exhibit physical and verbal means of aggression especially during the play time. This can be supported by the study conducted by Gardner and Steinberg (2005)<sup>[8]</sup> who concluded that peers play an important role in explaining risky behavior during adolescence. They assessed their friends' behavior pertaining to physical aggression from a different perspective in which their feelings for those friends' physical aggression may not be considered as serious manifestation of certain pent up emotions. This is in consistent with the findings of Peets and Kikas (2006) [15] who also found that peer reports of behaviour are sometimes cited as the most valid standard for information about aggression in older children.

As far as social aggression is concerned, results of the study revealed that a high percentage (84.38%) of respondents showed average level of social aggression sometimes by exhibiting behaviors like gossiping, personal rejection, excluding others from a social group, public humiliation, rum our spreading and criticizing others' appearance or personality. They modify, distort, and misinterpret the sayings of others and express in front of third person and dismiss the opinions of others. In addition to these, some other behaviors exhibited by the respondents as reported by their peers were talking badly about others, backstabbing one another, making fun of others dressing or appearance, leaving hurtful or mean messages on cell phones, social bullying, blackmailing in romantic relations, shaming others online, instigate others to participate in bullying, establishing rules for anyone who wants to be part of the social group, forming cliques, heavy silence and negligence. This may be due to the fact that adolescence is the period when they spend more time with peers both in school and community. Adolescents like to discuss problems, feelings, fears and doubts with their peers and hence increasing the salience of time spent with friends. They desire to be accepted and become part of a group which can cause pain and anger leading to aggressive behavior. Some adolescents have low self-esteem and try to wrap this up with aggression especially when they are with their peers. During adolescence, the peer groups become diversed. Their acceptance and popularity among peers becomes important for them. In the same line Estevez et al. (2014)<sup>[5]</sup>, found that as a strategy to avoid future victimization or rejection, some adolescents exhibited aggressive behavior while for others it is interpreted as an opportunity to achieve the desired popularity among peers.

Internet was the preferred media for information and most of the respondents used this for listening to music and to play games which posed threat to aggressive behaviors. The respondents were also found to be involved in cyber bullying i.e. use of internet and social networking sites to show their aggression towards their friends or others. This may be attributed to the fact that some adolescents want popularity among group and they have a hidden intention to spoil the relationship of others. This is the age of making romantic relationship with opposite sex and some may be jealous of one another. So, they spread rum ours and try to exploit others from a group. This result can be supported by the findings of Caplan (2010) <sup>[3]</sup> and Marengo *et al.* (2018) <sup>[12]</sup> who advocated that problematic use of social networking sites is associated with greater manifestations of adjustment problems in adolescence such as psychological distress like emotional problems.

## **3.1** Types and levels of aggression as reported by peers after intervention

In order to study the efficacy of intervention, data of all the respondents was collected and analyzed after conducting the intervention programmer. Highly significant values of calculated paired *t*-test (p < 0.01) in post test 1 and post test 2 for all the respondents in all types of aggression revealed that there was significant change in the aggression level of the respondents due to intervention. The results proved that the peers could observe the reduction in the frequencies of occurrence of aggressive behaviors of their friends after implementation of intervention programmer. It was their own observation that the behaviors of their classmates were changed in the classroom setting or during other extracurricular activities due to the effectiveness of the intervention programmer. Practicing the skills for emotion control and regulation was of a great help for the respondents to reduce their level of physical, verbal and social aggression. It may be indicative of the fact that the competencies of managing own emotions may be increased with increased awareness, experience and with wider socialization process if someone receive age and time appropriate self motivational technical guidance. This finding is corroborated with the studies of researchers (Nannis et al., 1987<sup>[14]</sup>; Harris, 1989 <sup>[10]</sup>; Marriage et al., 2004 <sup>[13]</sup> and Saarni et al., 2006) <sup>[16]</sup>, who also found that with the onset of teenage years, the youth become more able to alter their expression of emotions in response to situational demands and conceived strategies for emotional self-control. It was observed and expressed by the peers that their classmates who were showing aggressive behavior frequently could change their attitudes towards their friends and seemed to be developed positive thoughts and feelings. They could manage their aggressive behavior by acquiring the skills of controlling emotions through mindfulness activities. This is in concurrence with the findings of Shapiro et al. (2006) [17], who hypothesized that attention, intention, and attitude are the three critical components of mindfulness, and these nonjudgmental attitude leads to a significant change in perspective.

Being adolescents, the respondent's minds are wandering and many a time has to deal with feelings of frustration. The practice of mindfulness could help the respondents to focus on the present and help to reduce infatuated thoughts and enhancing the experience of positive emotions, as well as diminishing the probability of involvement in emotional problems which leads to aggression. This may be due to the fact that mindfulness acted as basic skills along with socio emotional learning which motivates the respondents to selfregulate their emotions and enable them to deal with challenges of the rapidly changing world and ideally becoming caring, and committed adolescents. This can be supported by many research findings (Fix *et al.*, 2013<sup>[6]</sup>; Amutio *et al.*, 2015<sup>[1]</sup>; Shapiro *et al.*, 2008)<sup>[18]</sup> which

concluded that mindfulness practice helps to channelize the minds of the respondents from negative thoughts and feelings. Singh *et al.* (2013) <sup>[19]</sup> also confirmed that use of mindfulness activities can reduce the aggressive behavior among children and stress of the parents.

Table 3.1: Distribution of respondents according to types and levels of aggression as reported by peers after intervention

	Number of respondents as reported by peers (N=32)													
Levels of aggression	Pre test		After intervention (Post test 1)						After intervention (Post test 2)					
	F	Р	F	Р	Diff of Mean	DF	Т	Sig (2-tailed)	F	Р	Diff of Mean	DF	Т	Sig (2-tailed)
Physical aggression														
High	12	37.50	7	21.88					0	0.00				
Average	10	31.25	13	40.63	1.66	31	7.76	.000	17	53.13	3.25	31	7.59	.000
Low	10	31.25	12	37.50	1.00	51	1.70	.000	15	46.88	3.23	51	1.59	.000
Verbal aggression														
High	15	46.88	5	15.63					0	0.00				
Average	17	53.13	22	68.75	0.63	21	4.25	.000	25	78.13	3.88	31	15.56	.000
Low	0	0.00	5	15.63	0.05	51	4.23	.000	7	21.88	3.00	51	15.50	.000
					Soc	cial a	nggre	ssion						
High	2	6.25	0	0.00					0	0.00				
Average	27	84.38	24	75.00	2.00	31	6.36	.000	18	56.25	2.88	31	6.54	.000
Low	3	9.38	8	25.00	2.00	51	0.30	.000	14	43.75	2.00	51	0.54	.000
E - Fraguanau														

F = Frequency

P = Percentage

#### 4. Conclusion

From the results we can conclude that, all the components of the intervention package worked effectively for the healthy emotional growth of some of the respondents which helped them to develop strategies for dealing with disappointment, managing anxiety, reducing stress, develop techniques for emotional regulation to enhance their life after the intervention. Parents also play the role of motivating factor for developing positive attitude towards mindfulness practice which brought positive impact on their children. Hence, this mindfulness based interventional activities can be new start for bridging the gap of adolescents' emotional need and challenging behavior.

#### 5. Acknowledgement

The authors acknowledge the principals, all the respondents of the present study, their parents and the teachers of the schools for their valuable cooperation, enthusiastic participation and support throughout the tenure of the study.

#### 6. References

- 1. Amutio A, Franco C, Mañas I, Gázquez JJ. Aprendizaje y práctica de la conciencia plena (Mindfulness) en estudiantes de Bachillerato para potenciar la relajación y la autoeficacia en el rendimiento escolar. *Univ. Psicol.* 2015;14:15-25.
- 2. Bjorkqvist K, Lagerspetz KMJ, Kaukiainen A. Do girls manipulate and boys fight? Developmental trends in regard to direct and indirect aggression. Aggressive Behavior. 1992;18:117-127.
- 3. Caplan SE. Theory and measurement of generalized problematic internet use: A two-step approach. Comput. Hum. Behav. 2010;26:1089-1097.
- 4. Colman Andrew M. Oxford; New York: Oxford University Press, 2009.
- 5. Estevez E, Emler NP, Cava MJ, Ingles CJ. Psychosocial adjustment in aggressive popular and aggressive rejected adolescents at school. Psychosoc. Interv. 2014;23:57-67.
- 6. Fix RL, Fix ST. The effects of mindfulness-based

treatments for aggression: A critical review. Aggres Violent Behav. 2013;18(2):219-227.

- 7. Fraser MW. Aggressive behavior in childhood and early adolescence: A ecological-development perspective on youth violence. Social Work. 1996;41(4):347-361.
- 8. Gardner M, Steinberg L. Peer influence on risk taking, risk preference and risky decision making in adolescence and adulthood: An experimental study. Developmental Psychology. 2005;41(4):625-635.
- 9. Gisev N, Bell JS, Chen TF. Inter-rater agreement and inter-rater reliability: Key concepts, approaches and applications. Research in Social and Administrative Pharmacy. 2013;9:330-338.
- Harris PL. Children and emotions: The development of psychological understanding. Oxford, UK: Blackwell, 1989.
- 11. Maleki S, Khoshknab MF, Rahgooi A, Rahgozar M. The effect of anger management training in groups on aggression of 12-15 years old male students. Iran J. Nurs. 2011;24(69):26-35.
- Marengo D, Longobardi C, Fabris MA, Settanni M. Highly-visual social media and internalizing symptoms in adolescence: the mediating role of body image concerns. Comput. Human Behav. 2018;82:63-69.
- 13. Marriage K, Cummins RA. Subjective quality of life and self-esteem in children: The role of primary and secondary control in coping with everyday stress. Social Indicators Research. 2004;66:107-122.
- Nannis E, Cowan P. Emotional understanding: A matter of age, dimension, and point of view. Journal of Applied Developmental Psychology. 1987;8:289-304.
- Peets K, Kikas E. Aggressive strategies and victimization during adolescence: Grade and gender differences, and cross-informant agreement. Aggressive Behavior. 2006;32:68-79.
- 16. Saarni C, Campos J, Camras LA, Witherington D. Emotional development: action, communication, and understanding. In: Handbook of child psychology. Social, emotional, and personality development. Damon W and

Lerner RM, Eisenberg N. (Eds.). 6<sup>th</sup> ed. Wiley, New York. 2006;3:226-299.

- 17. Shapiro SL, Carlson LE, Astin JA, Freedman B. Mechanisms of mindfulness. Journal of Clinical Psychology. 2006;62:373-386.
- 18. Shapiro SL, Brown KW, Astin JA. Toward the Integration of meditation into higher education: a review of research. Prepared for the Center for Contemplative Mind in Society. Unpublished research report, 2008.
- Singh NN, Lancioni GE, Karazsia BT, Winton ASW, Myers RE, Singh ANA. Mindfulness-based treatment of aggression in individuals with intellectual disabilities: A waiting list control study. Mindfulness. 2013;4:158-167.
- 20. World Health Organization. World report on violence and health. Washington: OPS, 2002.