

Aggression- Cause, Effect and Help

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Abstract: Youth indulge themselves in various aggressive behaviors leading to significant psychosocial dysfunctions. The present study assesses the prevalence of aggression among youth and to assess the risk factors of aggression among youth. Many methods such as Anger Data sheet, Resilience Scale and Buss-Perry Aggression Scale, were administered on 7654 participants using survey design. Data was collected from different communities (college, residential, apartments and workplace) of Bangalore, Jammu, Indore, Kerala, Rajasthan, Sikkim and Delhi. 45% were female and 55% were male. The mean age of the sample was 19.8 years. Comparative analysis was carried out by Pearson correlation. It was found that about 17.7% of the youth has high mean aggression score on Buss-Perry Aggression Scale. Males have high mean score on aggression than females. Males experienced more verbal aggression, physical aggression and anger than females. Younger age group (16-19 years) experienced more aggression than older age group (20-26 years). The risk factors of the youth aggressions were identified as physical abuse in childhood, substance abuse such as alcohol and tobacco, negative peer influence, family violence, academic disturbance, psychological problems, attention deficit-hyperactivity disorder, suspicious, loneliness, mood disturbance, negative childhood experience and TV and media.



Introduction:

Society has seen an increase in the incidents of aggression/violence among youth. It includes behaviors such as slapping, hitting, rape, recklessness, driving and shooting in school, truancy, road rage and other high-risk behaviors. Nearly 18.12% of females aged 12-17 got into a serious fight at school or work. 14.71% participated in a group-against-group fight and 5.67% attacked another person with an intent to seriously harm him/her. In India, researchers have focused on factors such as perceived popularity among the peer group, romantic relations, the risk factors such as family system, environment, aggressive parents and academic performance, peer aggression, victimization and social relationships, Prevalence and Gender difference. The increasing crime rates and violent activities of youth in India have made the researchers to focus on aggression among youth. There is a need for the proper assessment of youth for aggression and development of prevention and intervention modules for youth in Indian context. The present study aims to understand the factors (prevalence, risk factors and protective factors associated with aggression in six cities of India (Bangalore, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jammu and Kashmir, Kerala and Sikkim)

In psychology, the term **aggression** refers to a range of behaviors that can result in both physical and psychological harm to oneself, other or objects in the environment. This type of social interaction centers on harming another person, either physical or mental. The expression of aggression can occur in a number of ways including verbally, mentally and physically. Psychologists distinguish between different forms of aggression, different purposes of aggression and different types of aggression.

Forms of Aggression

Aggression can take a variety of forms, including:

- Physical
- Verbal
- Mental
- Emotional

While we often think of aggression as purely in physical forms such as hitting or pushing, psychological aggression can also be very damaging. Intimidating or verbally berating another person, for example, are examples of verbal, mental and emotional aggression.

Purposes of Aggression

Aggression can also serve a number of different purposes:

- To express anger or hostility
- To assert dominance
- To intimidate or threaten
- To achieve a goal
- To express possession
- A response to fear
- A reaction to pain
- To compete with others

Two Types of Aggression

Psychologists also distinguish between two different types of aggression:

1. **Impulsive Aggression:** It is also known as affective aggression, is characterized by strong emotions, usually anger. This form of aggression is not planned and often takes place in the heat of the moment. When another car cuts you off in traffic and you begin yelling and berating the other driver, you are experiencing impulsive aggression.

2. **Instrumental Aggression:** It is also known as predatory aggression, is marked by behaviors that are intended to achieve a larger goal. Instrumental aggression is often carefully planned and usually exists as a means to an end. Hurting another person in a robbery or car-jacking is an example of this type of aggression. The aggressor's goal is to obtain money or a vehicle, and harming another individual is the means to achieve that aim.

Factors That Can Influence Aggression

Researchers have suggested that individual who engage in affective aggression, defined as aggression that is unplanned and uncontrolled, tend to have lower IQs than people who display predatory aggression. Predatory aggression is defined as aggression that is controlled, planned and goal-oriented.

A number of different factors can influence the expression of aggression. **Biological factors** can play a role. Men are more likely than women to engage in physical aggression. While researchers have found that women are less likely to engage in physical aggression, they also suggest that women do use non-physical forms such as verbal aggression, relational aggression, and social rejection.

Environmental factors also play a role, including how people were raised. People who grow up witnessing more forms of aggression are more likely to believe that such violence and hostility are socially acceptable.

Are aggression and violence learned behaviors?

Many psychologists conducted various experiments on children. The most famous experiments are as follows:

1. Bobo doll experiment:

In a famous and influential experiment known as the **Bobo doll experiment**, Albert Bandura and his colleagues demonstrated one way that children learn aggression. According to Bandura's social learning theory, learning occurs through observations and interactions with other people. Essentially, people learn by watching others and then imitating these actions.

2. The Little Albert Experiment:

It was a case study showing empirical evidence of classical conditioning in humans. The study also provides an example of stimulus generalization. After observing children in the field, Watson hypothesized that the fearful response of children to loud noises is an innate unconditioned response. He wanted to test the notion that by following the principles of the procedure now known as "classical conditioning", he could use this unconditioned response to condition a child to fear a distinctive stimulus that normally would not be feared by a child (in this case, furry objects).

3. The Milgram Obedience Experiment:

It was a series of social psychology experiments conducted by Yale University psychologist Stanley Milgram. They measured the willingness of study participants, men from a diverse range of occupations with varying levels of education, to obey an authority figure who instructed them to perform acts conflicting with their personal conscience; the experiment found, unexpectedly, that a very high proportion of people were prepared to obey, albeit unwillingly, even if apparently causing serious injury and distress.

4. The Stanford Prison Experiment:

It was a study of the psychological effects of becoming a prisoner or prison guard. The experiment was conducted at Stanford University on August 14–20, 1971, by a team of researchers led by psychology professor Philip Zimbardo using college students. It was funded by the U.S. Office of Naval Research and was of interest to both the U.S. Navy and Marine Corps as an investigation into the causes of conflict between military guards and prisoners. The experiment is a classic study on the psychology of imprisonment and is a topic covered in most introductory psychology textbooks.

Of all the four experiments Baby doll experiment is considered to be the best because of the following reasons:

1. Experiments are the only means by which cause and effect can be established. Thus, it could be demonstrated that the model did have an effect on the child's subsequent behavior because all variables other than the independent variable are controlled.
2. It allows for precise control of variables. Many variables were controlled, such as the gender of the model, the time the children observed the model, the behavior of the model and so on.
3. Experiments can be replicated. Standardized procedures and instructions were used, allowing for replicability. In fact the study has been replicated with slight changes, such as using video and similar results were found (Bandura, 1963).

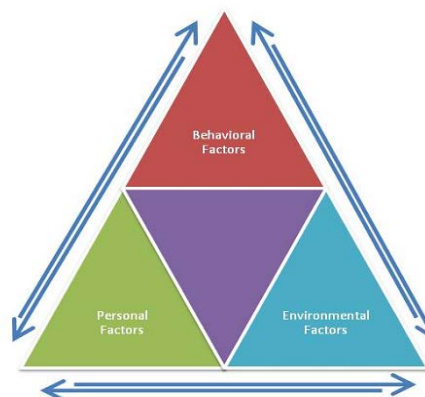
According to psychologist aggression composed of three factors that influence behavior: the environment, the individual, and the behavior itself. Essentially, it is believed that an individual's behavior influences and is influenced by both the social world and personal characteristics.

The environmental component is made up of the physical surroundings around the individual that contain potentially reinforcing stimuli, including people who are present (or absent). The environment influences the intensity and frequency of the behavior, just as the behavior itself can have an impact on the environment.

The individual component includes all the characteristics that have been rewarded in the past. Personality and cognitive factors play an important part in how a person behaves, including all of the individual's expectations, beliefs, and unique personality characteristics.

And finally, the behavior itself is something that may or may not be reinforced at any given time or situation.

Bandura's Triadic Reciprocal Determinism



Does the violence that children observe in television programs, movies, and video games lead them to behave aggressively? This is a hot question today, but it was also of great interest 50 years ago when a psychologist led an experiment to determine how kids learn aggression through observation. Aggression lies at the root of many social ills ranging from interpersonal violence to war. It is little wonder then that Social psychology is one of the most studied topics within Psychology.

Aggression model for risk factors of aggression

The model has proposed based on the risk factors assessed from the current study [Figure 1]. It indicates that there is influence of all these factors for youth aggression. In the current study, all these factors has individual positive relationship to aggression, Substance abuse (0.001), Mood disturbance (0.000), family influence (0.000), peer influence (0.000), psychological problems such ADHD, sadness of mood, loneliness, anxious, irrational fear, suspicious etc., (0.000), academic influence (0.001), childhood experience (0.01), physical and sexual abuse (0.000), TV and media (0.000).



Helping hand :

It is important to understand the youth and help them to overcome the aggressive behaviour . Here are few tips to help them :

The 12 anger management strategies are:

- Count backwards from 10.
- Take 3 deep breaths.
- Exercise or play to let off some steam/energy.
- Find a quiet place.
- Vent! Talk to someone!
- Tell yourself calming statements. (It's okay. Keep calm. Relax.)
- Lie down and relax.
- Tense your body- then relax it. (Repeat)
- Use an I-Message. (I feel angry when you ____. I want you to ____.)
- Think peaceful thoughts. (relaxing by the pool, holding your pet, hugging a parent)
- Walk away.
- Avoid anger triggers.

Conclusion:

The present work highlighted the presence of aggression among youth. Its association with reported that work pressure, substance use, violent activities, family disturbance, road rage, mood disturbance, psychological problems and peer relationships. Resilience had a negative relationship with substance use, mood disturbance, physical abuse, sexual abuse, Failure

in academics, missed college regularly, anger expressed in school or college, childhood experience, ADHD, Family influence, peer influence, media influence and psychological problems. That Jammu and Indore groups have high-level of aggression compared to other regions. Its management has been highlighted in the form of discussing with others, solving problems individually, exploring the reasons for anger; educating themselves about the positives and negative effects of anger expression by encouraging healthy expression of anger; strict implementation of Law such rules and regulation in managing the anger in the society; healthy and positive programs in the media and healthy expression of aggression; sensitization about the availability of counseling and its management. Gender difference exists for management of aggression. It was corroborated by other studies. The presence of abnormal scores of aggression among children in the age range of 14-19 years in the Indian context and students (mean age of 28.7 years. Younger age group had high expression of aggression. Males were more likely to be aggressors or victims than females. Boys were found to be more physically and verbally aggressive than girls, but girls used more indirect aggression at the higher year levels. Higher percentage of women engaged in verbal aggression (95.3% vs. 92.8%), whereas the males engaged in more severe physical aggression (4.6% vs. 2.0%) and produced worse consequences for their female partners' health (especially slight cuts/slight bruises, broken nose, black eye, broken bone and requiring medical treatment/hospitalization). Women reportedly attacked their partners while under the influence of emotional states of intense anger (22.4% vs. 13.9%), whereas males did so in response to aggression received (13.0% vs. 6.6%). Physical aggression decreased significantly across the age groups, but health consequences became more severe with age (e.g., broken nose, black eye, broken bone, went from 1% at 16 years to 4.5% at 20 years of age). Risk factors strongly related to later violence were distributed among the five domains of hyperactivity (parent rating), low academic performance, peer delinquency and availability of drugs in the neighborhood predicted violence from ages 10, 14 and 16 years. Youths exposed to multiple risks were notably more likely than others to engage in later violence. A dependent group had high mean scores for state anger, trait anger and expression/experience of anger. They had lower anger control and quality-of-life. Alcohol dependent persons have high expression and experience of anger leading to low quality-of-life. A history of abuse, failing a grade and dealing drugs was also independently associated with violence while having a regular partner was protective. Delinquent peer influences, antisocial personality traits, depression and parents/guardians who used psychological abuse in intimate relationships were consistent risk factors for youth violence and aggression. Poor academic performance, peer rejection and psychosomatic complaints with high-levels of anger. The present model of risk factor for aggression among youth has also been corroborated by the presence of risk factors available in the review of literature in the form of developmental stages (e.g., maternal substance abuse, community disorganization, residential mobility, exposure to violence, family socio-economic status); executive dysfunction (e.g., difficulty connecting actions and consequences, adapting to new circumstances, processing information to set and realize goals), chronic under arousal and abnormal biochemical activity; psychological factors, such as cognitive delays/disorders (e.g., ADHD), certain personality traits (e.g., conduct disorder), poor coping ability and poor school functioning; parental antisocial practices and attitudes and externalizing behaviors, such as early deviant behaviors, violence, aggression and substance use. It has limitation in the form of survey design, even though the researchers were trained for data collection, Investigators did not have any control on the quality of the data collections. It has implications in the form of screening of risk factors/vulnerabilities for emotional dyscontrol among youth, teachers should pay attention to aggression related behavior (verbal/non-verbal) and help children/youth to handle them in a better way and psycho education for the parents; Need for interaction of academic institute, policy makers and parents: Reducing academics distress, ability to handle pressure or frustration or failure; development of intervention module for management of aggression.

References: The NSDUH report: Violent behavior among Adolescent Youth

Bandura, A., Ross, D. & Ross, S.A. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575-82.

Ferguson, C. J. (2010). Blazing Angels or Resident Evil? Can Violent Video Games Be a Force for Good? *Review of General Psychology*, 14, 68-81.

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