

Adolescent Anger: Adaptive and Maladaptive Dimensions in the Social Realm

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Abstract

Adolescence, the linking phase between childhood and adulthood, brings rapid and numerous modifications in the physical, cognitive, social, behavioural, and emotional spheres and sets the base for a healthy life in adulthood. Proper adaptation to changes is very important and there is individual variation in the time required for this adjustment. Many adjustment problems can arise during this period and increase in mood disruptions is normal with peak intensity, especially in mid-adolescence (15-16 years). Self-concept, personality, peer relationships, bullying, academic stressors, lack of experience, family environment, and deficiency in social support can be various contributing factors in the generation of adjustment problems. Adolescent anger experience and expression can be adaptive or maladaptive, subject to the adjustment level. Adaptive or functional anger positively influences the adolescent adjustment, while maladaptive or dysfunctional anger leads to many problems, like aggressive behaviour, trait anger, depression, anxiety, substance abuse, and suicide. This paper attempts to conceptualize adaptive and maladaptive dimensions of anger in adolescence, especially in social life.

Key words: Adolescents, anger, adaptive anger, maladaptive anger, anger coping

Introduction

The debate on whether emotions serve some functions has been going on for a long time. Some theorists argue that there are no specific functions for

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emotions and emotions are disorganizing forces that influence behaviour. Some others agree that emotions have served certain functions during evolution but are doubtful about their current functionality. Another view is that emotions have a functional basis in the present scenario (Keltner & Gross, 1999). This article looks at the specific emotion of anger from the functional perspective.

The functional perspective looks at emotions as the specific adaptive responses to the challenges and the chances in the physical world as well as in the social milieu (Ekman, 1992). Functional approach perceives emotions as “processes that relate the environmental inputs to adaptive outputs” (Keltner & Gross, 1999). Each emotion has its own functional goals, cognitive activities, and behavioural tendencies with environmental adaptation (Yang & Hung, 2015). These adaptive roles of emotions assist one to prepare suitable behavioural responses to environmental inputs with possibly significant outcomes (Scherer K. R., 2005). This adjustment can be at the physiological and the social levels.

Adaptive emotions are healthy and provide information that lead to better outcomes in life and have the skill to organize and manage actions. Learned responses or reactions arising from emotions, not apt for situations at hand, are considered as maladaptive (Greenberg, 2008). Emotions with adaptive goals motivate one’s selection and organization of behaviours which in turn depends on environmental factors, one’s personality, and one’s developmental history (Camras & Fatani, 2008).

According to Attachment theory (Bowlby, 1973), emotion regulation across all emotions becomes maladaptive in insecurely attached individuals. Maladaptive emotion regulation consists of emotion suppression and dysregulation, and is often seen in anxious and avoidant attachment orientations (Clear & Zimmer-Gembeck, 2015).

Ability to control and regulate strong emotions such as anger is vital to the overall adaptive or functional arousal and expression of emotions (Greenberg, 2008; Shortt et al., 2010). As the adaptational requirements of the environment are dissimilar for adolescents and adults, it is relevant to look into them separately. Here, ‘functional or adaptive emotion’ is related to better outcomes in one’s life.

Adolescence

Adolescence is a phase which starts with the onset of puberty marked by identity crisis and indecisiveness and ends with the onset of youth hood, a time when one becomes an independent decision maker. At this time, the value of peer relationships is heightened compared to childhood. There take places a transformation in social relationships with the formation of new peer relations and strengthening of existing relations (Engels et al., 2002).

Adolescence is an exclusive period in human life with dramatic changes related to development taking place in one's life. Sexual maturation, a spurt in physical growth with changes in appearance, development of abstract thinking, maturation in decision making and planning, enhancement of ethical reasoning, establishment of the sense of identity are a few of the areas where these fast changes are seen. These changes are generally considered as biologically driven and environmentally mediated, that is, controlled by nature and nurture, and differ from individual to individual (Hollenstein & Loughheed, 2013).

Adolescence is a crucial period where the maturation of the brain proceeds for advanced cognitive operations and social and emotional behaviour (Yurgelun-Tood, 2007). The brain has a noteworthy power to modify and adjust in adolescence (WHO, 2014). So experimenting with different experiences of life and risk-taking behaviours can be regarded as normal in this age period. Actually, brain maturation is an on-going process till the late adolescent years. Especially, neural systems connected with emotion and motivation undergo important changes in adolescence (Dahl, 2003).

Emotional health of adolescents has considerable influence on their competence to secure academic achievements, develop skills, build positive family and social relationships, build up social competence, maintain physical and mental health, and face challenges of everyday life (Lazarus, 1991). Developing coping strategies to deal with the threats and life events is imperative for one's healthy development as an adult. During this period of developmental changes and adjustment phase, adolescents need proper support. Childhood maltreatment experiences often trigger adolescent maladjustment (Wolfe et al., 2001). The most complicating factor here is that adolescents who have

poor emotional competency in terms of recognizing and controlling their emotions have less help-seeking tendencies (Ciarrochi et al., 2003). Emotional competency can be improved through appropriate interventions.

In fact, adolescence is not a chaotic period, but a systematically organized period of development to adulthood. High-intensity feelings present in adolescence is associated with biological changes taking place during puberty (Dahl, 2003). Even though changes are normal in the path of maturation of the adolescents, diminished self-control, which is especially evident in controlling impulses in emotional contexts, can lead them to harm themselves (Casey & Caudle, 2013).

Adolescence is also characterized by exaggerated opinions and behaviours, conflict with parents or adults, increase in negative affect and risk taking behaviours (Arnett, 1999). Parent-adolescent conflicts are higher in frequency in early adolescence and decreases by age, while its intensity increases and peaks in mid-adolescence (cited.. in Hollenstein & Loughheed, 2013). Mood disruptions are also reported to be higher in mid-adolescence with experiencing of extreme emotions, especially negative emotions and swings in moods (Arnett, 1999). Late adolescence is reported to have a peak frequency of risk behaviours (Steinberg, 2008). There are individual deviations in these biologically driven, normative factors.

In adolescence, negative self-concept can act as a risk factor for externally expressed behaviour problems such as delinquency and aggression as well as for internal problems like anxiety and depression (Ybrandt, 2008). And as several factors including the existence of potentially stress-producing life events have significant roles in the life of an adolescent.

Anger

Anger is a primary emotion experienced by human beings throughout their lifespan. This is one of the most frequently experienced emotions in day to day life (Scherher K. R., 2005). Even if there are different opinions, based on the nature of the emotion-evoking event as pleasant or aversive, anger is considered as a negative emotion (Carver & Harmon-Jones, 2009). It is often considered as a prototypically primitive emotion, while, at the same time, serving significant social functions (Cornelius, 2000). Fischer and Roseman

(2007) argue that anger has the social task of achieving a desirable outcome through enforcing a behavioural change in another person.

According to Averill (1982), intentional and unjustified mistreatment in interpersonal interactions elicits anger which depends on the moral judgment of the person. Often anger is triggered in close relations like family members and friends (DiGiuseppe & Tafrate, 2007). Anger can be experienced as an indispensable response to stress (Gaylin, 1984). The intensity, frequency, and duration of anger experience can be increased due to the numerous stressors present in today's life style. The perception of unfair behaviour from others or the feelings of irritation or frustration usually contribute to anger arousal (Reyes et al., 2003). Scheher (2005) describes irritation, anger, rage etc. as feelings of one specific emotion-family that differ in intensity and in physiological arousal. According to Lazarus (1991), anger responds with 'fight' mechanism through the tendency to attack the one who is perceived as culprit. Setbacks in relationships and perceived injustice are considered to be the most usual evokers of anger (Matsumoto & Hwang, 2012).

Compared to other emotions, anger is found to be highly expressive in terms of verbal and nonverbal ways of expression (Scherer & Wallbott, 1994). Individuals express their anger experience in different ways: outward expression—verbal or physical—directed to people and other living and non-living beings, or suppression or holding inwardly (Spielberger et al., 1988). Culture has a considerable influence on anger expression as collectivistic cultures discourage the overt anger expression while western culture promotes controlled anger expression to a certain extent (Markus & Kitayama, 1991). Spielberger also defines 'trait anger' as "a person's general predisposition to become angry" and 'state anger' as the "intensity of an individual's angry feelings at a given time" (qtd. in Cassiello-Robbins & Barlow, 2016).

Compared to younger adults, older adults reported less frequency of experience and expression of anger with better anger control and less anger rumination (Phillips et al., 2006). DiGiuseppe and Tafrate (2007) quote many studies that correlate excessive or maladaptive anger with the risk of cardiovascular diseases, occupational underachievement, domestic violence, careless driving, etc. Maladaptive anger elements can be identified in some of the personality disorders and affective disorders and in post-traumatic stress dis-

orders (PTSD) (qtd. in Fernandez et al., 2014).

Attachment theory-based studies reveal that higher rates of dysregulation of anger, worry, and sadness are seen when individuals with more anxious attachment orientation undergo stress (Clear & Zimmer-Gembeck, 2015).

Anger has both biological or evolutionary and social or political functions. It serves important positive and beneficial functions in social relationships (Cornelius, 2000). One of the practical goals of anger is the elimination of obstructions (Roseman et al., 1994) and adaptive anger responses try to overcome obstacles hindering goal accomplishment (Lewis, 2008). According to Averill (1982), anger regulates interpersonal relationships by setting up the limits of what is expected as appropriate from others. Sometimes, overt expression of anger in the phase of distress can have the benefit of preserving closeness by drawing attention of others (Wei et al., 2005). One qualitative study reveals that anger operates as an activating emotion and can promote individual creativity, idea assertion, and idea evaluation (Yang & Hung, 2015). Previously, all negative emotions were seen to have a tendency to avoid its stimulus, but anger as a negative emotion is demonstrated to be predisposed to approach the triggering stimulus. (Harmon-Jones & Sigelman, 2001). Cognitive anger appraisals are most often linked with individual control and certainty whereby anger inspires people to take risks (Lerner & Keltner, 2001). Overall, as Arslan (2009) puts it, anger has three dimensions: physiological, social and cognitive (that is linked to individual's perception), and behavioural and reactive (which is connected to anger expression).

Even if anger has many functional benefits, increased or maladaptive anger can jeopardize the normal functioning of life.

Distinction between Adaptive and Maladaptive Anger

One of the crucial factors that controls the psychological and physical well-being and social functioning is the skill of emotion regulation (McLaughlin et al., 2011). According to Saarni (1999), emotional awareness plays a crucial role in the adaptive regulation of emotions.

Anger is spotted as one of the negative emotions in terms of social evaluation and subjective experience (Averill, 1983). Over the years, its negative effects have been more focused in academic studies (Tangney et al., 1996). Ac-

According to Novaco (1976) anger serves important adaptive functions to deal with stress. As per the coping theory, cognitive coping strategies with adaptive qualities can contribute to reducing stress (Lazarus, 1993). The term 'adaptive' is used to indicate the effectiveness of positive coping that results in improved adaptational outcomes (Lazarus, 1993). According to Averill (1982), studies reveal that in many circumstances anger instigator and target are benefited by the establishment of a new mutual understanding or a positive behavioural change after an uncomfortable anger episode.

Generally, an individual's experience of adaptive anger will not hamper their daily functioning. Adaptive anger is identified as an empowering and boundary-establishing emotion (Greenberg, 2008). Effective control of emotions, particularly of emotions having destructive potential like anger, is essential in keeping the physical health, well-being, and social functioning in fine states (Mauss et al., 2007). Gender is shown to be not a significant factor in the adaptive and maladaptive anger experience (Garza, 2011).

Maladaptive experience of anger affects personal health and has harmful consequences in intrapersonal and interpersonal life. Maladaptive responses are not apt for handling existing circumstances effectively.

In DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders), dysfunctional emotions are identified by higher than normal scores in the parameters of intensity, frequency, or duration of the emotion. An exploratory study, based on five anger parameters such as intensity, frequency, duration, threshold, and latency, has developed the Anger Parameters Scale (APS) to identify adaptive and maladaptive anger (Garza, 2011). However, there are studies which suggest that adaptive and maladaptive anger cannot be differentiated based on quantitative measures only. For example, long-standing, intense, or/and frequent anger can be noticed in conditions where the individual is suffering as a victim of a long-term or frequent moral misconduct where the anger can act as adaptive (Digiuseppe & Tafrate, 2001).

Linden et al. (2003) explain three adaptive ways of anger expression. They are: 'assertion' that helps one express one's anger outwardly in a constructive way or solve the angering problem, 'diffusion' that assists to redirect the anger to other actions or thoughts, and 'social support-seeking' that facilitate to take help from social resources. Tangney et al. (1996), propose that anger

intentions will serve as an important aspect that discriminate adaptive anger from maladaptive functioning. Averill (1982) identifies three anger goals as constructive, fractious, and malevolent. Constructive goals act for building on a relationship, declaring or affirming the independence or authority, creating a behavioural change in the anger instigator, or causing problem-solving. Fractious or selfish goals act either for the releasing of one's anger steam or for satisfying one's wishes. Malevolent goals intend to take vengeance on or hurt the instigator.

Bowlby (1973) understands 'anger of hope' as functional anger and 'anger of despair' as dysfunctional anger based on the security attachment orientation of the individual. Insecurity attachment causes the conversion of the functional response of anger into dysfunctional (Mikulincer, 1998). 'Anger of hope is constructive that could bring positive changes, while 'anger of despair' is destructive in nature. According to Halperin et al. (2011), a shift from the latter to the former is stimulated by reducing the levels of long-standing hatred.

According to Diguseppe and Tafrate (2001), the costs of anger such as the status of relationships and long-term outcomes such as health manifestations, can be considered as important criteria to distinguish functional from dysfunctional anger.

In 1987, Retzinger identified that anger, when associated with shame or humiliation, transforms into hostile anger called rage, which acts with a feeling of powerlessness. Unlike adaptive anger, rage is not goal-oriented and may exhibit explosive characteristics (qtd. in Bennett, 2005). Tangney et al. (1996) find that shame-proneness unlike guilt, is noticeably associated with maladaptive anger responses across all ages of individuals.

Even though anger has many adaptive functions, it is its maladaptive expressions such as aggression and hostility which are much stressed in many studies.

Anger in Adolescence

Anger is a frequent issue of concern in adolescence than in adulthood because of the fast changes taking place during that developmental period. (Blanchard-Rields & Coates, 2008). A study on adolescents' experience of emotions by daily diary method conducted by Maciejewski et al. (2017) reveal

that anger increases from early to middle adolescence and then returns to the baseline in late adolescence. They see that anger is experienced in its peak in middle adolescence. This could explain the heightened parent-adolescent conflicts during mid-adolescence. Overall, there is a peak in mood distractions in middle adolescence as mentioned earlier. In the time of emerging adulthood (18 to 25 years), expressed anger further declines and self-esteem increases (Galambos et al., 2006).

A meta-analytic study has identified five major factors that predict anger among adolescents such as trait anger of the individual, depression, anxiety, stress, and exposure to violence (Mahon et al., 2010). As quoted in this study, Wilde (1996) finds trait anger, anxiety, and depression as the 'big three' psychological problems in adolescence. As reported by a study carried out by Yarcheski, Mahon, and Yarcheski (1999), state anger is greatly determined by trait anger and hostility; moderately by state anxiety and depression; and weakly by stress, especially in ages between 12 to 14 years (early adolescence).

In early adolescence (12-14 years), no gender difference is noted in self-reported experience and expression of anger, but there may be differences in the health outcomes in relation to the five anger variables of state anger, trait anger, anger-in, anger-out, and anger control (Yarcheski et al., 2002).

Adaptive and Maladaptive Anger in Adolescence

An important task of an individual in adolescence is the advancement in adaptive emotion regulation without the help of adults (McLaughlin et al., 2011). Effective emotional management in this period of numerous changes is a big challenge.

As adjustments to numerous transitions occur in the physical, the cognitive, and the emotional realms, an escalation in anger experience is normal in adolescence. There is individual variation in the experience depending on how one is equipped to handle the emotion. The resources available for each one may be different such as social support, socio-economic status, and personality characteristics like temperament and self-esteem. Adolescents get social support mainly from family, teachers, and peers (Arslan, 2009). Arslan (2009) also finds a negative relationship between self-esteem and trait anger. Really encouraging environments will produce highly adaptive emotional outcomes (Saarni, 2008). Along with these resources, perception of a particular stressor

or event by the individual plays a vital role in how adolescents respond to anger experience (Navis, 2012). Studies show that children (10-15 years) with increased traits of perfectionism have greater possibility of developing adjustment problems leading to depression, anxiety, and maladaptive anger (Hewitt et al., 2002). Also, personal maladjustments and health issues can be resulted from undue anger (DiGiuseppe & Tafrate, 2007).

Supporting Bowlby's (1973) ideas, Chiaki Konishi and Shelley Hymel (2014) find that adolescents with insecure attachment experience more dysfunctional anger and it can be identified as an expected outcome in insecurely attached relationships with parents. According to Cui, et al. (2014) negative parenting practices like psychological control has negative association with adolescent adjustment. This negative parenting practice is reported to be linked with heightened aggressive behaviour and is prominent among older adolescents with maladaptive anger regulation. And emotion regulation may act as both a moderator and mediator between parental psychological control and adolescent adjustment. Another study conducted among adolescents (9 to 13 years) by Rueth et al. (2017) observe the positive role of parents' autonomy support in the psychosocial adjustment of adolescents and the mediating function of emotion regulation. It suggests that adolescent children of autonomy-supporting parents (providing timely guidance) may have higher chance of regulating their anger autonomously in adaptive ways with lesser adjustment problems.

When adolescents face peer harassment, maladaptive anger promotes revenge which lead to further complications of increased victimization, greater risk of loneliness, anxiety, and depression (Kochenderfer-Ladd, 2004). At the same time, relabeling of 'angry adolescent' as 'normal' and acceptance by peer group may take a much longer time among adolescents and may create a negative effect on the individual (Diguseppe & Tafrate, 2001).

Maladaptive experience and expression of anger causes problems and obstructs the adolescent from reaching his/her full potential. Constructive anger management diminishes the possibility of hopelessness, hostility, negative self evaluation, and suicidal ideation in adolescence (Reyes et al., 2015).

Increased levels of trait anger in adolescents is reported to be linked with higher duration, intensity, and frequency of anger; more maladaptive anger

expressions, especially anger suppression (anger-in); fast reaction to anger but not to other emotions like joy; and negative repercussions in one's academic, social, and health dimensions (Quinn et al., 2014). If effective coping mechanism is absent, self-destructive feelings can be evolved from this suppressed or internalized anger (Lee & Mokuau, 2002). Rate of serious suicide attempts are more in adolescents who internalize their anger (DiGiuseppe & Tafrate, 2007).

Quinn, Rollock, and Vrana (2014) find that the adolescent's coping with anger becomes maladaptive when high hostility co-exists with higher frequency, duration, and magnitude of anger. Aggression and violence are increasingly reported worldwide. And in many cases it has a direct link with anger (Anderson & Bushman, 2002) expressed in a maladaptive way.

According to Miers, et al. (2007) avoidance is another maladaptive anger coping strategy that mainly focuses on forgetting about the angering episode. They further specify that active avoidance which intentionally focus on forgetting may be considered adaptive, if it helps in lowering anger mood. They also find a positive interrelation between anger and the maladaptive anger-coping-strategies such as direct anger-out and anger rumination. They report that as an adaptive strategy, assertion finds to have a negative influence on anger.

According to Tangney, et al. (1996), escapist or diffusing anger responses are helpful in children, while more direct adaptive behaviours like rational, non-hostile discussion with the transgressor and cognitive reappraisals are required for beneficial long-term outcomes in adolescence and adulthood. Vogeles et al. (2010) suggest cognitive reappraisal as a strategy that focuses on antecedents and involves a purposive change in the cognitive interpretation of the angering event for better outcomes.

Indian Scenario

In India, studies related to anger are limited. Reports show that prevalence rate for violent exposures is increasing in India. Children and adolescents are more prone to such exposures. A study conducted among 1500 adolescents in India reveals 27% violent victimisation and 13% perpetration (Munni & Malhi 2006). Another study among 6500 youth (15-26 years) in Bangalore,

Delhi, Indore, Jammu, Kerala, Rajasthan, and Sikkim also reports high prevalence (17.7%) of aggression (Sharma & Marimuthu, 2014) among youth. A qualitative study to explore the beliefs related to anger conducted among youth offenders in India reveals their belief that even though anger is bad, the way to express it is through aggression (Raval, Raval & Becker 2012). Another important finding from this study is that the most common elicitor of anger is “perceived violations of family honour”. And the report of a study conducted among eighty Gujarati children shows their perception that expression of anger and sadness is not as much accepted by others as their expression of physical pain (Raval, Martini & Raval, 2007). India’s collectivist culture and its influence on socio-emotional behaviour regulation are significant here. These findings indicate the relevance of the culture specific studies in this area. Such studies will help in the development of further culturally sensitive interventions.

Conclusion

From the functional point of view, each emotion has specific goals, cognitive activities, and behavioural patterns that respond adaptively to the environmental inputs. Adaptive emotions ultimately enrich the wellbeing of life, while maladaptive emotions act on the contrary. Maladaptive emotions are not appropriate for dealing with the situations at hand and not desirable for both the physical and the psychological health of the individuals and their normal social functioning. Secure attachment with parents or caregivers developed in childhood positively contributes to the growth of adaptive emotions.

Adolescence is a time-span in life characterised by inexorable and universal biological changes (Hollenstein & Loughheed, 2013), behavioural experimentation for achieving developmental tasks (Fine, 1973), changes in self-concept that contribute to heightened self-consciousness, and vulnerability to peer pressure (Sebastian et al., 2008) with individual differences. For healthy adaptation, effective emotion regulation is very important (Mauss et al., 2007). Emotion Regulation acts as a mediator between parenting practices and psychosocial adjustment during adolescence (Cui, et al., 2014; Rueth et al., 2017). The maladaptive emotional expressions learned through bad modelling are more prominent during adolescence. In addition of these facts, numerous

developmental changes and challenges cause more proneness to negative emotions during adolescence (Larson & Ham, 1993). In the light of all these observations the emotion of anger acquires great significance in adolescence.

It has been reported that anger experience can increase during the adolescence with a peak in mid-adolescence and then decline to the baseline by the end of late adolescence (Maciejewski et al., 2017). It is important to see the different dimensions of anger in adolescence due to its repercussions on mental and physical well-being and its impact on later adult life. Three important dimensions of anger are physiological, cognitive and social, and behavioural and reactive (Arslan, 2009). There is indisputable significance for anger in the social relationships. Anger is a strong emotion having important adaptive functions such as empowerment and boundary setting and its maladaptive experience and expressions also have great relevance.

The findings related to adaptive and maladaptive functions of anger have got significant implications in social work practice, especially in working with children and adolescents. Intervention efforts to enhance social and emotional functioning can be conducted in schools, youth groups, juvenile justice settings, etc. Prevention efforts should mainly be targeted on those who have stressful life situations and are the victims of trauma such as street children and those in institutionalised care, juvenile settings, etc. Unidentified domestic violence can also cause mild to severe trauma. Stressors causing trauma, if unattended, can cause maladaptive emotional, behavioural, and social consequences in life. Increase in the knowledge base of social work students in this area should be a great help in their later practice. And further research in this field can focus on developing interventions that help in reducing maladaptive functions of emotions, especially anger, among children and adolescents.

Creating awareness about the adaptive and maladaptive aspects of anger can be considered as the first step in anger management interventions (Digiuseppe & Tafrate, 2001). This has important role in regulating dysregulated anger and transforming maladaptive anger to adaptive anger. Even during the time of increased stress, positive adaptation can be promoted in adolescents through sufficient social support (Cohen & Wills, 1985). During the interventions, care is to be taken to avoid shame-inducing incidents as they contribute to maladaptive anger. And active avoidance can be used constructively in

interventions as this helps in reducing anger levels (Miers, et al. 2007). In the Indian context, meditation is considered as a way to manage anger (Kiran & Ladha, 2017). Overall, adaptive anger regulation strategies will positively influence the psychosocial adjustments during adolescence.

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