Anger expression and mental health of bully perpetrators

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Bullying at school is recognized as a global phenomenon affecting significantly children and adolescent life styles. Bullying is intentional aggressive act that gives pleasure to the people engaged in the activity. Mental health is generally viewed as a positive attribute highlighting emotional wellbeing, the capacity to lead a creative life and flexibility to deal life's inevitable challenges. Expression of anger is an act of emotional outlet. There are three ways of anger management: expression, suppression, and calming. In the present study, styles of expression of anger among the bully perpetrators are examined. Basically there are two styles of anger expression: anger-out and anger-in. The present study is intended to examine anger expression styles of the bully perpetrator as well as to see the relationship between anger expression style and the mental health. The Illinois Bully Scale was administered on 200 Delhi based public school adolescents on the basis of which bully perpetrators were identified. Thirty identified bully perpetrators and an equal number of non-perpetrators were included in the study. Twenty items Spielberg's anger expression questionnaire was used to examine styles of anger expression whereas for assessing mental health, fifty-five items Jadish and Srivastava Mental health inventory was administrated on the total sample. The bully perpetrators were found significantly high on anger-out subscale whereas the non-perpetrators were found high on anger-in subscale. Bully perpetrators were found to have significantly better mental health than non-perpetrators. The study further revealed direct relationship between anger-out and mental health and inverse relationship with anger-in and mental health.

Key words: bully, anger expression, mental health, aggression, depression

Bullying, particularly among school age children, is a major public health problem both domestically and internationally (Nansel, Craig, Overpeck, Saluja & Ruan, 2004). Current estimates suggest that nearly 30% of the American adolescents reported at least moderate bullying experiences as the bully, the victim, or both. Specifically, of a nationally representative sample of adolescents, 13% reported being a bully, 11% reported being a victim of bullying and 6% reported being both a bully and the victim (Nansel. et. al., 2001). Besag (1989) stressed the importance of long-term and systematic violence as integral in considering bullying behaviours.

The way the bullying experiences are defined and measured, however, varies greatly. Much of the work on bullying has adopted the definition of Daniel Olweus, whose work in 1990s increased attention on bullying as a research topic. According to Olweus, a person is bullied when he or she is exposed repeatedly over time to negative actions by one or more others, excluding cases where two children of similar physical and psychological strength are fighting (Olweus, 1994). Olweus added that bullying can be direct (physical and verbal) and indirect (exclusion).

Since 1990s, researchers have modified Olweus definition of bullying to assess the difference in power between bullies and victims (Vaillancourt, Hymel & McDougall, 2003). Regarding measurement, some scholars provide respondents with a definition of bullying similar to Olweus' definition (Nansel, Overpeck, Haynie, Ruan & Schiedt, 2003) before inquiring about their experiences with bullying, while others measure bullying by providing behaviourally specific questions, such as the frequency of name-calling or hitting (Bosworth, Espelage & Simon, 1999)
Despite the variability in literature, scholars agree that bullying behaviours include not only physical aggression, but also verbal aggression, including verbal harassment, spreading rumours, or social rejection and isolation. Moreover, research suggests that boys are more likely to engage in physical aggression, while verbal aggression, often called relational aggression is

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more common among girls (Baldry & Farrington, 2000; Nansel et al., 2001; Rivers & Smith, 1994).

In a researcher's perspective, bullying is a complex problem. Bullying is not an isolated behaviour that is grounded in such variables as status, power, and competition. It is social behaviour that occurs in relatively stable groups and involves the participation of others in regular capacities.

In some researches, it was seen that bullying is a goal-oriented aggression: a bully aims to harm another person, who is not able to resist against him/her, in order to dominate others or preserve the solidity of a group at school or at a working place. An individual or a group of perpetrators are located at the higher stature in the group than the victim. They conduct physical, psychological, social and verbal aggression repeatedly. Reasons for bullying are various. Students use bullying most frequently in order to preserve the solidity and conformity of the group, and to dominate others. The reason of bullying is normally attributed not only bullies but also bystanders to the victim's social or physical problem.

Bullies lack empathy with victims and have a strong need to dominate others. Among boys, bullies are physically stronger than their peers. According to the view of psychologists and psychiatrists, aggressive individuals are actually anxious and insecure 'under the surface' and have a very low level of self-esteem as well.

Two kinds of perpetrators were figured out (Olweus, 1994; Poulin & Boivin, 1999). One of them is a proactive perpetrator, who uses aggression as an instrument to achieve his goal, and the other is a reactive perpetrator, who uses aggression as a reaction to a provocation. To make a clear-cut distinction, proactive perpetrators are bullies and reactive perpetrators are bullies and, at the same time, could be victims. Therefore, reactive perpetrators are also called aggressive, provocative victims or ineffectual aggressors.

Anger has been felt by everyone and is a normal phenomenon, and is usually healthy, human emotion until it acts as a feeling annoyance or as a full-fledged rage. It can lead to problems at work, in one's personal relationship and in the overall quality of life if it gets out of control and turns vicious. Anger is accompanied by physiological and biological changes. One's heart rate and blood pressure goes up, as well as the level of energy hormones, adrenaline and noradrenaline when one is angry. The cause of anger can be attributed to both external and internal events. One can be angry at a specific person or at an event or thinking or emphasizing about one's personal problems. Also memories of traumatic or enraging events can trigger angry feelings. Unexpressed anger can be the root of many problems. It can lead to pathological expressions of anger, such as passive-aggressive behavior or a personality that seems perpetually cynical and hostile. People who are constantly putting others down, criticizing everything and making cynical comments might have not learnt how to constructively express their anger (Muni Rajamma, 2012). Angry people are not likely to have successful relationships. Some people get angry very easily and more intensely than an average person. A person may be chronically irritable and grumpy. People with a low tolerance for frustration are angered very easily. Some causes of anger may be socio-cultural in nature. Anger is often looked upon as negative trait wherein we are discouraged to express ones anger. So one finds it very tough to handle anger or channel it constructively. Family background too forms a cause of anger. Suppressed anger can be an underlying cause of anxiety and depression. If anger is not expressed appropriately, it can disrupt relationships, affect thinking and behavior patterns, and create a variety of physical problems. Health issues such as high blood pressure, heart problems, headaches, skin disorders and digestive problems can be caused by chronic anger. Anger can also cause social problems like increased crime, emotional and physical abuse, and other violent behavior.

There are many different views to consider the construct of anger. Three main ingredients of anger have been identified (Dahlen and Deffenbacher, 2001). First, there is an anger-eliciting stimulus, typically an easily-identifiable external source or internal source. Second, there is a pre-anger state, which includes one's cognitive, emotional, and physical state at the time of provocation; one's enduring psychological characteristics; and one's cultural messages about anger and about expressing anger. Third, there is one's appraisal of the anger-eliciting stimulus and one's ability to cope with the stimulus. All three of these ingredients interact to create a state of being angry.

There is a difference between the intention and the usefulness of anger expressions (Gorkin, 2000). In terms of intention, the expression of anger can be purposeful or spontaneous. The purposeful expression

of anger is intentional, has a significant degree of consideration or calculation, and yields a high degree of self-control. The spontaneous expression of anger is immediate, has little premeditation, and yields little to moderate self-control. In terms of usefulness, the expression of anger can be constructive or destructive. Constructive expression of anger affirms and acknowledges one's integrity and boundaries without intention to threaten another person. Destructive expression of anger defensively projects and rigidly fortifies one's vulnerable identity and boundaries. Depressed children reported significantly more difficulty maintaining cognitive control of their anger than did non depressed children.

Anger is induced by numerous factors. It is almost a universal reaction. Any threat to one's welfare (physical, emotional, social, financial, or mental) is met with anger. But so are threats to one's affiliates, nearest, dearest, nation, favorite football club, pet and so on. The territory of anger is enlarged to include not only the person – but also his real and perceived environment, human and non-human. This does not sound like a very adaptive strategy. Threats are not the only situations to be met with anger. Anger is the reaction to injustice (perceived or real), to disagreements, to inconvenience. But the two main sources of anger are threat and injustice (Vaknin, 1999)

Mental wellness is generally viewed as a positive attribute in which a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. This definition of mental health highlights emotional wellbeing, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. (Witmer & Sweeney, 2002)

Mental health refers to the full and harmonious functioning of our total personality as well as to our bio-socio-psychological and spiritual well-being (Dandapani, 2000). Mental health describes how well the individual is adjusted to the demands and opportunities of life. In the book entitled 'Mental Hygiene in Public Health", Lewkan (2006) has written that a mentally healthy individual is one who is himself satisfied, lives peacefully with his neighbors, makes healthy citizens of his children and ever forming these fundamental duties has enough energy left to do something for the benefit of society.

The way anger is manifested is different for different individuals i.e. anger can be have different expressions. Anger can be externalized by assaulting or striking other, making verbal threats, using profanity profusely etc. or can be internalized by seething or becoming agitated etc. High levels of externalized anger have been reported to be associated with lower levels of depression. Depression and hopelessness were found to be related to internalized anger but not externalize anger in a sample of adolescent suicide attempters. Thus, mode of anger expression may have important implications. (Cautin, Overholser & Goetz, 2001)

Studies suggest that the male are more comfortable in expressing anger over other emotions, such as sadness (Newman et al., 1999, Nunn & Thomas, 1999, Sharkin, 1993). Plant, Hyde, Keltner, and Devine (2000) also point out that people generally stereotype when interpreting emotion such as anger and sadness. It is more likely that displays of anger will be interpreted as an exclusively male domain. In general, however, most studies of anger in adult male and female have failed to report many significant gender differences in the experience and expression of anger. It would appear that more research is needed in to possible differences.

Rationale of the study

It has been seen that bullying is a serious problem related to school children's functional area and can hamper other functioning. Bullying behaviour can be viewed as an act of anger expression. In the last decade the researchers have noted the detrimental effect of bullying on mental health. Very few studies are conducted linking bullying behaviour to mental health, particularly in Indian context. Therefore, the present study was designed to examine anger expression styles of the bully perpetrator as well as to see the relationship between anger expression style and the mental health.

Hypotheses

1. There would be difference between bully perpetrators and non-perpetrators with regard to their anger-out expression.
2. There would be difference between bully perpetrators and non-perpetrators with regard to their anger-in expression.
3. There would be difference between bully perpetrators and non-perpetrators with regard to their mental health status.
4. There would be a relation between anger expression styles and mental health status.

Method

The study was basically intended to examine anger expression style of the bully perpetrators and the state of their mental health besides that the relationship between anger expression style and the mental health was also examined.

Participants

Initially bully scale was administered on 200 primary grade children of public school for measuring bullying behaviour. Bully perpetrators were identified on the basis of their scores obtained on the tool. Children who scored high on the tool measuring bullying behaviour were considered as bully perpetrators and those scored low on the same were considered as non-perpetrators. On the basis of obtained scores, thirty perpetrators and an equal number of non-perpetrators were finally considered as participants of the two groups. The participants were male students studying in 4^{th}-6^{th} standard. The age group of the sample was ranging from 9-13 years.

Measures

Three different measures were used in this study, one each for the measurement of bullying perpetrating behaviour, anger expression styles and mental health.

Measure for bullying behaviour

Perpetrating behaviour was measured with *Illinois Bully Scale* developed by Espelage & Holt (2001). The scale consists of 18 items and the responses measure on five point Likert type scale and scores are computed by summing the respective items. Cronbach alpha reliability for the tool was 0.88 and that of the three subscales were α=0.87 for bullying, α=0.83 for fighting and for victimization α=0.88 respectively. This scale has evidence of convergent and concurrent validity. Only 9 item pertaining to the bully perpetrators were used in this study.

Measure for mental health

The mental health inventory developed by Jagdish and Srivastava (1983) has been designed to measure the six dimensions (positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes and environmental mastery) of mental health of normal individual. The inventory consists of 56 items which are related to all the six dimensions respectively. The inventory includes both positively and negatively keyed items. The higher score on the inventory indicate poor mental health whereas low score of the inventory indicates better mental health. Validity and reliability of Mental Health Inventory is .54 and .73 respectively. For this study, the composite score for mental health was considered.

Measure of anger expression style

Twenty (20) items Spielberg's (1988) anger expression questionnaire was used to examine styles of anger expression. Anger-in and anger-out comprise eight (8) items each and anger control comprises four (4) items. Higher score suggest higher level of anger. Reliabilities of the scales (i.e. anger-in and anger-out) are satisfactory: .74 for males and .79 for females in anger-in, and .78 for males and .76 for females in anger-out.

Procedure

The participants were contacted after seeking permission of head of the institution and the participants were individually informed about the purpose of the study to get their verbal consent. Data were collected from the children studying in 4^{th}-6^{th} standard. The data were collected by administering three different measures: for Bully Behaviour **(**Illinois Bully Scale), for Mental Health (Mental Health Inventory by Jagdish and Srivastava) and for Anger Expression Styles (Anger Expression Question by Spielberg).

Results

The obtained data were arranged and analysed with the help of various statistical techniques. The results are given in the following tables:

Table-1

Mean & standard deviation of anger-out scores of bully perpetrators and non-perpetrators and t ratio for the difference between the two groups

	N	Mean	SD	't'
Bully Perpetrators	30	23.95	5.65	
Non- perpetrators	30	16.20	4.85	4.78**

**= p > .01

Table 1 showing that the mean of the anger-out scores of the bully perpetrators was 23.95 and that of non-perpetrators 16.20 while the standard deviation for the two groups were 5.65 and 4.85 respectively. There was a significant difference in anger-out scores of the two groups.

Table-2

Mean & standard deviation of anger-in scores of bully perpetrators and non-perpetrators and t ratio between the two groups.

	N	Mean	SD	't'
Bully Perpetrators	30	12.85	06.74	
Non Perpetrators	30	17.58	05.91	3.63**

**= p > .01

Table 2 indicating that the mean of the anger-in scores of the bully perpetrators was 12.85 and non-perpetrators it was 17.58 while standard deviation of the two groups were found to be 6.74 and 5.91 respectively. There was a significant difference between the groups on anger-in scores.

Table 3

Mean & standard deviation of scores on mental health of bully perpetrators and non-perpetrators and t ratio for the difference between the two groups

	N	Mean	SD	't'
Bully Perpetrators	30	17.37	5.92	
Non-perpetrators	30	21.76	4.45	3.86**

**= p > .01

Table 3 showing that the mean score of mental health of the bully perpetrators was 17.37 and for the non-perpetrators it was 21.76 while the standard deviation for the two groups were 5.92 and 4.45 respectively. There was a significant difference in mental health scores of the two groups.

Table 4

Coefficient of correlation between the anger expression styles and the mental health scores of the bully perpetrators and non-perpetrators.

	r Value	Level of Significant
r between anger-out and mental health	0.42**	P>.01
r between anger-in and mental health	-0.32**	P>.05

Table 4 showed that there was direct relationship between anger-out and mental health whereas inverse relationship between anger-in and mental health was obtained.

Discussion

Hypothesis I states that there would be difference between bully perpetrators and non-perpetrators with regard to their anger-out expression. In order to test the above hypothesis, mean and SD of anger-out expression scores of both the groups were computed separately. From table 1, it appeared that the anger out expression was found higher among the bully perpetrators than the non-perpetrators. The mean scores of the two groups for anger-out expression were found to be 23.95 and 16.20 respectively. The difference was found statistically significant as 't '= 4.78. Thus it can be said that bully perpetrators express anger outwardly in various ways that include physical assault on people or objects and hostile verbal assault more often in comparison with the non-perpetrators. 1801 pupils in Norwegian schools at the end of grade five who were approximately 11 years of age and among 2083 pupils at the end of grade eight who were approximately 14 years of age were investigated. It was found that both proactive and reactive aggressiveness were related to bullying others and to being bullied at grade 5. There was a strong relationship between proactive aggressiveness and bullying others, while reactive aggressiveness was much more weakly related to bullying others. (Roland and Idsoe, 2001)

Hypothesis II states that there would be difference between bully perpetrators and non-perpetrators with regard to their anger-in expression. In order to test the above hypothesis mean and SD of anger-in expression scores of both the groups were computed separately. From table 2, it appeared that the anger in expression was found lower among the bully perpetrators than the non-perpetrators. The scores of anger in expression for the two groups were found to be 12.85 and 17.58 respectively for bully perpetrators and non-perpetrators. The difference was statistically significant as the 't' value was 3.63. Thus it can be said that non-perpetrators express anger inwardly i.e. they suppress their anger more in comparison with the bully perpetrators. There is a concurrent association between involvement in bullying and depression in adolescent population samples. In most of the cases not only victims but also bullies display increased risk of depression. (Kaltiala-Heino and Fröjd, 2011)

Hypothesis III states that there would be difference between bully perpetrators and non-perpetrators with regard to their mental health. In order to test the said hypothesis mean and SD of mental health scores of both the groups were computed separately. From table 3, it appeared that bully perpetrators were high on the mental health than the non- perpetrators. The scores of mental health for the two groups were found to be 17.37 and 21.76 respectively for bully

perpetrators and non-perpetrators. The difference was statistically significant as the 't' value was found to be 3.86. Thus it can be said that bully perpetrators were more mentally healthy than the non-perpetrators. In a British survey of 904 students aged 12–17 in two coeducational schools, it was found that bullied children are more anxious, and bullies are equally or less anxious than non-bullied children (Salmon, James and Smith, 1998).

Hypothesis IV states that there would be a correlation between anger expression styles and mental health. In order to test the hypothesis, correlation between the scores of mental health and anger-out and scores of mental health and anger-in were computed separately. A direct relationship was observed between mental health and anger-out whereas an inverse relationship was found between mental health and anger-in. From the results, it appeared that the correlation between mental health and anger out was 0.42 which was significant at 0.01 level whereas the correlation between mental health and anger in was -0.32 which was significant at 0.05 level. Some research also demonstrated a linkage between anger and depression. Depression itself can cause sleep problems, memory impairment, lack of concentration, appetite suppression, and other harmful physical issues. But until recently, little research has focused specifically on how anger suppression and expression affect the symptoms of depression directly. A study specifically looked into how anger suppression influenced depressive symptoms compared to negative or constructive anger expression. The type of anger communicated within intimate relationships was focussed upon. 23 women with a history of depression several months after they engaged in a monitored conflict with their partners were evaluated and their levels of suppressed anger and evaluated the sadness, worry, and fear that accompanied were assessed. It was found that women who express their anger using hostile methods were more likely to experience symptoms of depression than those who used direct anger approaches. (Rude, Chrisman, Burton, Maestas, 2012)

Conclusion

On the whole, from the results it can be concluded that bully perpetrators expressed their anger outwardly and were significantly better in terms of mental health. On the basis of findings it can be said that the outward anger expression style perhaps helps in maintaining mental health of the perpetrators.

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