Comparative Study On Factors Affecting Anger And Coping Strategies Adopted By Reproductive Age Group Women Of Selected Urban And Rural Community

Vavhal Prachi Chandrakant

Abstract

Anger, also known as wrath or rage, is an intense emotional state involving a strong uncomfortable, and non-cooperative response to a perceived provocation, hurt, or threat. A person experiencing anger will often experience physical effects, such as increased heart rate, elevated blood pressure, and increased levels of adrenaline and noradrenaline. Therefore, the researcher conducted a study to evaluate the degree of anger and the coping mechanisms adopted by reproductive age group women of selected urban and rural community. A descriptive cross-sectional research design was used to assess the factors affecting anger and coping strategies adopted by reproductive age group women in a selected urban and rural community. The data was collected from 100 reproductive age group women of selected urban (50) and rural (50) community selected by non-probability purposive sample technique, by using of Likert scale. The results show that the mean, standard deviation, and mean percentage of factors affecting anger and coping strategies are higher in the urban community than in the rural community. It can be concluded that factors affecting anger and coping strategies are more prevalent in reproductive age group women in urban community than in rural community.

Keywords: Factors affecting anger, coping strategies, reproductive-age women.

INTRODUCTION

Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned. Anger can have many physical and mental consequences. The external expression of anger can be found in facial expressions, body language, physiological responses, and at times public acts of aggression. Conventional therapies for anger involve restructuring thoughts and beliefs to bring about a reduction in anger. These therapies often come within the schools of CBT (or cognitive behavioral therapy) like modern systems such as REBT (rational emotive behavior therapy). Anger is one of our most powerful and vital emotions. It can be a necessary tool for survival and can cause significant difficulties in remained for the long
run persistently knocking the mind associated with thinking, feeling, behavior, and relationship. It is an emotion that involves a strong uncomfortable and awkward response to a perceived Provocation, hurt, or threat. Managing anger effectively motivates individuals to adopt effective assertive skills and leads to an increase in life expectancy. It is important to recognize the physiological effects of anger, especially with all the damage this emotion can cause to our bodies. Knowing how to control anger can make a major impact on our relationships, employment, and especially our health.

**Physiology of anger**

Anger can get provoked to the highest degree to rage that be out of control meaning the left prefrontal cortex that handles judgment instinctively regulates anger emotions in proportion, therefore, keeping anger under control means learning ways to help your prefrontal cortex get the upper hand over amygdala and hence minimizing or suppressing anger reaction so that one has control in anger feeling. There are many techniques to make the prefrontal cortex supreme amongst the many ways to make this happen one is relaxation techniques (which reduce arousal and decrease amygdala activity) and the use of a technique that controls cognition which helps to practice using judgment to override anger emotional reactions.

**What causes ANGER?**

Surrounding publicly polluted environments always play an important role to elicit anger along with other factors such as socio-economic situations, overwhelming nature, genetic issues, and neurotransmitter depletion such as serotonin has a pivotal role in managing anger. It is attributed to past experience low, learned behavior, genetic predispositions, and diminished decision or problem-solving ability. Both external and internal sources play an important role in terms of anger issues recognizing and hence resolving is vital for smooth continuation, though the following factors invariably lower frustration tolerance levels.

- Stress/ anxiety
- Pain- physical and emotional
- Drugs/ alcohol
- Recent irritations- “having a bad day”.

**How anger impacts the body**

Many biological reactions jump up as one gets angry, the changes brought in the body is due to the brain’s neural activating system such as the noradrenergic system release brush of catecholamine that has a systemic effect such depicted as an alteration in physiology such as acceleration of heart, rising of blood pressure, and rate of respiration as well as flushing of the face due to increased blood flow attributed to physical activity in addition that energizes musculature to brush with energy lasting up to several minutes so-called adrenaline rush which is executed to take immediate protective action of angry desire energizing the level that one becomes ready to fight due to adrenaline rush.
OBJECTIVES OF THE STUDY

Primary Objectives:
1. To assess the factors affecting anger in reproductive age group women of selected urban and rural community.
2. To assess the coping strategies adopted by reproductive age group women of selected urban and rural community.

Other Objectives:
1. To determine association between factors affecting anger and coping strategies adopted by reproductive age group women of selected urban and rural community with selected demographic variables.
2. To find out comparison between factors affecting anger and coping strategies adopted by reproductive age group women of selected urban and rural community.

RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem. It is the steps, procedures, and strategies for gathering and analyzing data in the study. For every piece of research work, the methodology of the investigation is of vital importance.

RESEARCH SETTING

Research approach: Evaluative approach.
Research design: Descriptive cross-sectional research design.

SETTING OF THE STUDY:

The study was conducted in Urban and Rural area in the selected city.

SAMPLE SIZE:

In this study the sample size consisted of 100 reproductive age group women (n=urban 50 & rural 50).

SAMPLING TECHNIQUE:

Non-probability sampling will be used in various villages of the selected city, sample selection will be done by using the purposive sampling technique.

DATA COLLECTION INSTRUMENT:

Data collection tools are the procedures or instruments used by the researcher to observe or measure the key variable in the research problem. The tools used in this study for collecting data were:

Tool I: Demographic variables.
Tool II: Likert scale for assessment of factors affecting anger in reproductive age group women.
Tool III: Likert scale to assess the coping strategies in reproductive age group women.
FINDING OF THE STUDY:

Major findings of the study are discussed under the following headings:

1. Description of demographic data.
2. Assessment of factors affecting anger adopted by reproductive age group women.
3. Comparison of factors affecting anger and coping strategies adopted by reproductive age group women.

Section I: Demographic variables (Urban):

- The distribution with respect to age in years of reproductive age group women (7) i.e., 14% were 18-25 years, (12) i.e., 24% were 26-30 years, (19) i.e., 38% were 31-40 years, and (12) i.e., 24% were 41-45 years.
- The distribution of sample by religion (18) i.e., 36% were Hindu, (4) i.e., 8% were Muslim, (19) i.e., 38% Christian, and (9) i.e., 18% were Buddhist.
- The distribution of sample by marital status (33) i.e., 66% were married, (11) i.e., 22% were unmarried, (1) i.e., 2% divorced, and (5) i.e., 10% were widow.
- The distribution of sample by Education (0) i.e., 0% were primary, (9) i.e., 18% were secondary, (23) i.e., 46% were higher secondary, and (18) i.e., 36% were graduation and above.
- The distribution of sample by type of family (26) i.e., 52% were nuclear family, (19) i.e., 38% were joint family, (0) i.e., 0% were extended family, and (5) i.e., 10% were single parent family.
- The distribution of sample by source of income (24) i.e., 48% were private job, (6) i.e., 12% were government job, (16) i.e., 32% were housewife, and (4) i.e., 8% were student.
- The distribution of sample by Health affecting Habits (10) i.e., 20% were Tabaco chewing, (4) i.e., 8% were intake of alcohol, (2) i.e., 4% were smoking, and (34) i.e., 68% were no bad habits.
- The distribution of sample by Behavioural Habits (19) i.e., 38% were Nail biting, (17) i.e., 34% were excessive use of mobile, (7) i.e., 14% were overeating, and (7) i.e., 14% were other.
- The distribution of sample by monthly income (1) i.e., 2% were less than 10000, (31) i.e., 62% were Rs. 11000-20000, (12) i.e., 24% were Rs. 21000-30000, and (6) i.e., 12% were above Rs.31000 the highest range respective.
- The distribution of sample by residence area (0) i.e., 0% rural, (50) i.e., 100% urban.
- The distribution of sample by Daily time spent in physical activity (22) i.e., 44% were 15 minutes, (13) i.e., 26% were 15-30 minutes, (7) i.e., 14% were 30-60 minutes, and (8) i.e., 16% were more than 60 minutes.
- The distribution of sample by Gynaecological problems (8) i.e., 16% were PCOS, (2) i.e., 4% urinary tract infection, (15) i.e., 30% were Dysmenorrhea, and (25) i.e., 50% were not having any problem.

Section I: Demographic variables (Rural):

- The distribution with respect to age in years of reproductive age group women (6) i.e., 12% were 18-25 years, (16) i.e., 32% were 26-30 years, (18) i.e., 36% were 31-40 years, and (10) i.e., 20% were 41-45 years.
- The distribution of sample by religion (25) i.e., 50% were Hindu, (2) i.e., 4% were Muslim, (16) i.e., 32% Christian, and (7) i.e., 14% were Buddhist.
The distribution of sample by marital status (43) i.e., 86% were married, (3) i.e., 6% were unmarried, (0) i.e., 0% divorced, and (4) i.e., 8% were widow.

The distribution of sample by Education (11) i.e., 22% were primary, (12) i.e., 24% were secondary, (18) i.e., 36% were higher secondary, and (9) i.e., 18% were graduation and above.

The distribution of sample by type of family (8) i.e., 16% were nuclear family, (31) i.e., 62% were joint family, (7) i.e., 14% were extended family, and (4) i.e., 8% were single parent family.

The distribution of sample by source of income (27) i.e., 54% were private job, (3) i.e., 6% were government job, (14) i.e., 28% were housewife, and (6) i.e., 12% were student.

The distribution of sample by Health affecting Habits (13) i.e., 26% were Tabaco chewing, (0)i.e., 0% were intake of alcohol, (0) i.e., 0% were smoking, and (37) i.e., 74% were no bad habits.

The distribution of sample by Behavioral Habits (20) i.e., 40% were Nail biting, (22) i.e., 44% were excessive use of mobile, (1) i.e., 2% were overeating, and (7) i.e., 14% were other.

The distribution of sample by monthly income (17) i.e., 34% were less than 10000, (22) i.e., 44% were Rs. 11000-20000, (7) i.e., 14% were Rs. 21000-30000, and (4) i.e., 8% were above Rs. 31000 the highest range respective.

The distribution of sample by residence area (50) i.e., 100% rural, (0) i.e.0% urban.

The distribution of sample by Daily time spent in physical activity (41) i.e., 82% were 15 minutes, (5) i.e., 10% were 15-30 minutes, (4) i.e., 8% were 30-60 minutes, and (0) i.e., 0% were more than 60 minutes.

The distribution of sample by Gynecological problems (5) i.e., 10% were PCOS, (2) i.e., 4% urinary tract infection, (9) i.e., 18% were Dysmenorrhea, and (34) i.e., 68% were not having any problem.

Section II: Assessment of factors affecting anger and coping strategies (urban & rural): The present study reveals that-

Assessment of factors affecting anger (Urban):

The mean percentage of factors affecting anger of reproductive age group women was 83.68% with a mean ±SD 41.84 ± 3.85 respectively. Anger in the reproductive age group of women was at a medium level 12%, while the average level 88% was found in an assessment of factors affecting anger in the urban community.

Assessment of coping strategies (Urban):

The mean percentage of coping strategies of reproductive age group women was 90.37% with a mean ±SD 43.38 ± 3.12 respectively. The assessment of coping strategies in the urban community reveals that coping in reproductive age group women was good 8%, while excellent 92% respectively.

Assessment of factors affecting anger (Rural):

The mean percentage of factors affecting anger of reproductive age group women was 86.04% with a mean ±SD 36.14 ± 2.91 respectively. Anger in the reproductive age group of women was at a medium level 44%,
while the average level 56% was found in an assessment of factors affecting anger in the rural community.

**Assessment of coping strategies (Rural):**

The mean percentage of coping strategies of reproductive age group women was 86.34% with a mean ±SD 39.72 ± 2.16 respectively. The assessment of coping strategies in the rural community reveals that coping in reproductive age group women was good 8%, while excellent 92% respectively.

**Section III: Association of factors affecting anger and coping strategies of selected urban and rural community with their selected demographic variables.**

The present study findings reveals that:

**Factors affecting anger (Urban) -** Chi-squares is calculated to find out association of factors affecting anger adopted by reproductive age group women with selected demographic variables. The study findings reveals that there was significant association of factors affecting anger with demographic variable like monthly income ($X^2$-3.9420) which is significant. As a result, the researcher rejected the null hypothesis and accepted the research hypothesis.

**Coping strategies (Urban) -** Chi-squares is calculated to find out association of coping strategies adopted by reproductive age group women with selected demographic variables. The study findings reveals that there was significant association of coping strategies with demographic variable like source of income ($X^2$-3.8985) and behavioral habits (4.7640) which is significant. As a result, the researcher rejected the null hypothesis and accepted the research hypothesis (Table 1).

**Table 1. Association between the level of anger and coping strategies among reproductive age group women of selected urban area.**

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>VARIABLES</th>
<th>$X^2$ (URBAN)</th>
<th>LEVEL OF SIGNIFICANCE</th>
<th>$X^2$ (RURAL)</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age in years</td>
<td>0.6339</td>
<td>Not significant</td>
<td>2.5263</td>
<td>Not significant</td>
</tr>
<tr>
<td>2.</td>
<td>Religion</td>
<td><strong>3.9660</strong></td>
<td><strong>Significant</strong>*</td>
<td><strong>1.6957</strong></td>
<td>Not significant</td>
</tr>
<tr>
<td>3.</td>
<td>Marital status</td>
<td>0.3148</td>
<td>Not significant</td>
<td>0.5928</td>
<td>Not significant</td>
</tr>
<tr>
<td>4.</td>
<td>Education</td>
<td>0.0008</td>
<td>Not significant</td>
<td>0.9544</td>
<td>Not significant</td>
</tr>
<tr>
<td>5.</td>
<td>Type of family</td>
<td>0.0360</td>
<td>Not significant</td>
<td>0.4830</td>
<td>Not significant</td>
</tr>
<tr>
<td>6.</td>
<td>Source of income</td>
<td>0.2164</td>
<td>Not significant</td>
<td><strong>3.8985</strong></td>
<td><strong>Significant</strong>*</td>
</tr>
<tr>
<td>7.</td>
<td>Health affecting habits</td>
<td>0.5417</td>
<td>Not significant</td>
<td>0.0194</td>
<td>Not significant</td>
</tr>
<tr>
<td>8.</td>
<td>Behavioral habits</td>
<td>0.2840</td>
<td>Not significant</td>
<td><strong>4.7640</strong></td>
<td><strong>Significant</strong>*</td>
</tr>
</tbody>
</table>
Factors affecting anger (Rural) - Chi-squares is calculated to find out association of factors affecting anger adopted by reproductive age group women with selected demographic variables. The study findings reveals that there was significant association of factors affecting anger with demographic variable like religion ($X^2=3.9596$) monthly income ($X^2=4.6749$) which is significant. As a result, the researcher rejected the null hypothesis and accepted the research hypothesis.

Coping strategies (Rural) - Chi-squares is calculated to find out the association of coping strategies adopted by reproductive age group women with selected demographic variables. The study findings reveal that there was a significant association of coping strategies with a demographic variable like a source of income ($X^2=3.9515$) which is significant. As a result, the researcher rejected the null hypothesis and accepted the research hypothesis (Table 2).

Table 2. Association between the level of anger and coping strategies among reproductive age group women of selected rural area.

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>VARIABLES</th>
<th>$X^2$ (URBAN)</th>
<th>LEVEL OF SIGNIFICANCE</th>
<th>$X^2$ (RURAL)</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age in years</td>
<td>0.2981</td>
<td>Not significant</td>
<td>0.0337</td>
<td>Not significant</td>
</tr>
<tr>
<td>2</td>
<td>Religion</td>
<td><strong>3.9596</strong></td>
<td>Significant*</td>
<td>0.2530</td>
<td>Not significant</td>
</tr>
<tr>
<td>3</td>
<td>Marital status</td>
<td>0.3698</td>
<td>Not significant</td>
<td>0.6369</td>
<td>Not significant</td>
</tr>
<tr>
<td>4</td>
<td>Education</td>
<td>1.8166</td>
<td>Not significant</td>
<td>1.1549</td>
<td>Not significant</td>
</tr>
<tr>
<td>5</td>
<td>Type of family</td>
<td>2.1057</td>
<td>Not significant</td>
<td>1.6014</td>
<td>Not significant</td>
</tr>
<tr>
<td>6</td>
<td>Source of income</td>
<td>0.5303</td>
<td>Not significant</td>
<td><strong>3.9515</strong></td>
<td>Significant*</td>
</tr>
<tr>
<td>7</td>
<td>Health affecting habits</td>
<td>0.7861</td>
<td>Not significant</td>
<td>0.6912</td>
<td>Not significant</td>
</tr>
<tr>
<td>8</td>
<td>Behavioral habits</td>
<td>0.5001</td>
<td>Not significant</td>
<td>0.1633</td>
<td>Not significant</td>
</tr>
<tr>
<td>9</td>
<td>Monthly income</td>
<td><strong>4.6749</strong></td>
<td>Significant*</td>
<td>1.6014</td>
<td>Not significant</td>
</tr>
</tbody>
</table>
Section IV: Comparison of factors affecting anger and coping strategies adopted by reproductive age group women of selected urban and rural community

Comparison of factors affecting anger adopted by reproductive age group of selected urban and rural community:

The Mean factors affecting anger urban score was (41.84±3.85), which is 83.68% and the Mean factors affecting anger rural score was (36.14±2.91), which is 86.04%. The mean factors affecting anger score is higher than the rural factors affecting anger, indicating that factors affecting anger are more prevalent in the urban community. The “t” value of factors affecting anger adopted by reproductive age group women ‘t’ (8.3528) were found to be more than the table value (2.0086) p= <0.05 with the degree of freedom 49.

As a result, the researcher rejected the null hypothesis and accepted the research hypothesis. It can be concluded that factors affecting anger in reproductive age group women are more prevalent in the urban community than in the rural community (Table 3).

Table 3: Comparison of factors affecting anger adopted by reproductive age group women of selected urban and rural community.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Factors Affecting Anger</th>
<th>Maximum Score</th>
<th>Urban Mean</th>
<th>Urban SD</th>
<th>Rural Mean</th>
<th>Rural SD</th>
<th>Level Of Significance</th>
<th>Unpaired 't' value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Emotional factor</td>
<td>20</td>
<td>14.14</td>
<td>1.78</td>
<td>10.64</td>
<td>1.30</td>
<td>0.05%</td>
<td>t= 8.3528</td>
</tr>
<tr>
<td>2.</td>
<td>Social factor</td>
<td>30</td>
<td>11.86</td>
<td>1.81</td>
<td>11.34</td>
<td>1.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Psychological factor</td>
<td>20</td>
<td>12.8</td>
<td>1.62</td>
<td>11.44</td>
<td>1.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Physical factor</td>
<td>5</td>
<td>3.34</td>
<td>0.86</td>
<td>2.72</td>
<td>0.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Overall total</td>
<td>75</td>
<td>42.14</td>
<td>6.07</td>
<td>36.14</td>
<td>4.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ t = \frac{(49)}{2.0086} \ p = <0.05 \]  

*significant
Comparison of coping strategies adopted by reproductive age group of selected urban and rural community:

The Mean coping strategies urban score was (43.38±3.12), which is 90.37% and the Mean coping strategies rural score was (39.72±2.16), which is 86.34%. The mean coping strategy score is higher in the urban community than in the rural community, indicating that coping strategies are more prevalent in the urban community. The “t” value of coping strategies adopted by reproductive age group women ‘t’ (6.8219) were found to be more than the table value (2.0086) p= <0.05 with the degree of freedom 49.

As a result, the researcher rejected the null hypothesis and accepted the research hypothesis. It can be concluded that coping strategies are more prevalent in reproductive age group women in the urban community than in the rural community (Table 4).

Table 4: Comparison of coping strategies adopted by reproductive age group women of selected urban and rural community.

<table>
<thead>
<tr>
<th></th>
<th>Urban 50 &amp; Rural 50</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coping strategies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Urban)</td>
<td>43.38 ± 3.12</td>
<td>90.37%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Degree of freedom 49</td>
</tr>
<tr>
<td>(Rural)</td>
<td>39.72 ± 2.16</td>
<td>86.34%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Degree of freedom 49</td>
</tr>
<tr>
<td><em>Unpaired ‘t’ value</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.8219</td>
</tr>
</tbody>
</table>

The main of the present study was to compare the factors affecting anger and coping strategies in reproductive-age women of selected urban and rural area. The findings of the study have implications not only in the field of nursing but also in the other allied areas. The present study findings have implication for-

1. Nursing education
2. Nursing practice
3. Nursing administration
4. Nursing research

**IMPLICATION OF THE STUDY:**

The study's findings will assist nursing teachers in emphasizing anger and how to assess factors affecting anger and coping strategies, empowering nurses to be well prepared to assist self, clients, and the community in effectively handling and managing anger. Nursing students and teachers should learn more about the various
factors that influence anger in everyday life and how to manage it effectively in order to promote mental health.

2. **Nursing practice:**

   The study's findings clearly point out the specific events that trigger anger and can provide an idea in the field of nursing in need of preparing anger management techniques to reduce the level of anger.

3. **Nursing administration:**

   Nurse administrators should provide opportunities for nurses to update their knowledge in the field of anger management and coping strategies in the promotion of mental health through continuing education, in-service education programs, and workshops. Administrative assistance should be provided to carry out activities such as in-service education and workshops.

4. **Nursing research:**

   Extensive research in the area of anger management and mental health promotion is required to identify several more effective methods of mental health promotion through anger management. This study also highlights the need for more research in different settings and using different methods to compare factors influencing anger and coping strategies in a stressful population. This study can serve as a foundation for future research.

**LIMITATION OF THE STUDY:**

- The study was limited by resource and time duration.
- The study was limited to the reproductive age group women.
- The study was limited to the selected urban and rural area of selected city.

**RECOMMENDATION:**

On the basis of findings of the study, it is recommended that:

- Sample size can be increased.
- The study can be dealt with detail about anger management.
- A similar study can be replicated in different setting.
- The study can be conducted by using different various variables.
- A further study with the help of random sampling can be done for generalization.

**SUMMARY:**

This chapter dealt with the discussion of findings in relation to the studies and insight by the investigator during the period of data collection.

**CONCLUSION:**

The study concluded that comparison of factors affecting anger and coping strategies was effective in improving awareness in reproductive-age women.
REFERENCES:

5. Prakash Kumar Yadav, Ram Lochan Yadav, Niraj Khatri Sapkota, 23 September 2016 researchstudy on Anger; Its impact on Human Body Innovare Journal of Health Sciences
7. Gayathri S. Prabhu, Joanne Tam Min Yen, Jonas John Posko Amalaraj, Eugene Tan Yie Jone,and Naveen Kumar (2016), Anger Management among Medical Undergraduate Students and Its Impact on Their Mental Health and Curricular Activities. Department of Anatomy, Melaka ManiPul Medical College, Manipal University, Manipal Campus, Manipal 576104
8. Biplob Kumar Dey, Abdul Rahman, Arunavo Bairagi, Kishor Roy (February 2014), Stress and Anger of Rural and Urban Adolescents Copyright 2014 by authors and Scientific Research Publishing Inc.
9. Thomas F. Denson, Siobhan M. O’Dean, Khandis R. Blake, Joanne R. Beames (May 2018) Aggression in Women: Behaviour, Brain and Hormones School of Psychology, University of New South Wales, Sydney, NSW, Australia Evolution and Environmental Science
Aggression with Social Skills as a Moderating Variable The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 7, Issue 1 DOI: 10.25215/0701.013

16. Alaka Mani TL, Omkar SN, Manoj K. Sharma, Astha Choukse, Nagendra HR (8 September 2021), Development and Validation of Yoga Module for Anger Management in Adolescents Complementary therapies in medicine Published by Elsevier

17. Sella Kumar (30 September 2017), Management of Anger with Anger Reversal Technique among School Going Adolescents International Journal of Psychology and Educational Studies


24. Varchasvi Mudgal, Vijay Niranjan, Pali Rastogi, Priyash Jain (29 December 2021) Road rage and driver anger—an Indian perspective The official Journal of Yenepoya (deemed to be) University

25. Suman (September 25, 2016), Anger Expression: A Study on Gender Differences The International Journal of Indian Psychology Volume 3, Issue 4, No.65, DIP:18.01.140/20160304


34. Anne C. Miers, Carolien Rieffe, Mark Meerum Terwogt, Richard Cowan and Wolfgang Linden, (June 2007) cross sectional research study on The Relation Between Anger Coping Strategies, Anger Mood and Somatic Complaints in Children and Adolescents. Journal of Abnormal Child psychology volume

35. Mohsen Shokoohi-Yektaa, Bagher Ghobary-Bonaba, Samanesh Alimohammadi d (May 2015) the relationship between anger and coping strategies of mothers of children with special needs. The Authors published by Elsevier Ltd


38. Donna S. Eton (December 1996), The Emotional Responses and Coping Strategies of Male and Female Athletes with Moderate and Severe Injuries Dissertations 1689.

39. Anganabha Baruah (June 25, 2016), Emotional Intelligence, Anger and Coping Strategy among Chronic Kidney Disease Patients The International Journal of Indian Psychology DIP:18.01.046/20160303

Estimating the training effect through the levels of trait anger, anger expression, coping with the stress of private security guards National Library of Medicine PubMed DOI: 10.3233/WOR-213611


47. Ahuja R. Research Methodology. New Delhi; Rawat Publication: 2009:120-21


