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Instructing anger management skills for mothers of mentally retarded children: effects on mother-child relationship

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Abstract

The purpose of the present research is to examine the effects of anger management training on mother's relationship with their educable mentally retarded and slow learner children. The design of this study is quasi-experimental with pretest-posttest and control group. This study was conducted on 46 mothers who were assigned equally into experimental and control groups. The anger management training was implemented on experimental group in seven sessions, 2 hours each. Data were collected utilizing Anger Evaluation Scale and Multidimensional Anger Inventory. An analysis of covariance was used for this research. Findings showed that intensity and frequency of anger decreased and the use of anger control strategies increased, indicating the effectiveness of anger management techniques.

Keywords: Parent education, anger control, mental retardation, slow learner.

1. Introduction

Anger is one of the natural emotions of Human Being which has a special place amongst them. Anger is a reaction heaved by tension and hostility, rose in certain real or imaginative circumstances such as failure, hurtful situations, condescending moments, threats, or unfairness. It might lead to some involuntary physiological reactions like high blood pressure; increased heart beat, perspiration, and increased blood sugar. Anger is generally targeted toward an external subject. Reactive behaviors could consist of a range of behaviors such as preventing anger source to verbal and behavioral aggressiveness (Corsini, 1999).

Anger, as a natural reaction, can be sometimes useful, but it does entail some dangers. When anger gets out of control, it can cause problems at work, in interpersonal relationships, and overall quality of life (American Psychological Association, 2004). Studies show that anger is one of the emotions that parents regularly experience...
in the family (Clark et al., 2002; Jones et al., 1992; Sedlar & Hansen, 2001), and that uncontrolled anger of parents toward their children correlates positively with children’s misbehaviours (Stern, 1999) and family conflicts (Calamari & Piny, 2003). Anger is one of the most commonly expressed emotions in parent-child interactions and can be a predictor of an improper parenting. Therefore, according to the experts, anger control is considered a key factor for improving parent-child relationship (Sedlar & Hansen, 2001; Hatfield, 1998).

Considering the negative and destructive effects of anger, in the personal and social context, managing this emotion seems crucial. In the most recent studies on anger, evaluating and understanding its consequences and educational interventions were particularly considered important (Novaco et al., 2000). The objective of Anger management training based on cognitive-behavioural approach is to change cognitions and behaviours of individuals (Stern, 1999); it also includes elements that affect interpersonal relationships. Indeed, it is aimed to teach necessary skills to challenge, and reconstruct thinking and behaviours, and control strong emotions with the use of self-control methods. The main objective of anger management programs is to adjust the tension, length, and the frequency of anger expression, and enhance of non-hostile responses in interpersonal relationships (Mayne & Ambrose, 1995; quoted from Feindler, & Weisner, 2006). Anger management program is not seeking anger annihilation but is promoting cognitive, affective, and behavioural self-monitoring (Iwanic, 2006). In many models of anger management, improving cognitive and behavioural skills are considered the main components of the program.

Chan and his colleague (2003) studied the efficacy of anger management program in reducing anger expression of schizophrenic patients. In their study, 78 patients were placed in two groups of control and experimental. The results demonstrated that learning anger management skills was effective in reducing anger expression, and increasing the ability to control anger in schizophrenic patients. Studies show that parent-oriented interventional programs have a positive effect on parenting skills; it can reduce anger and hostility, and could increase adjusting abilities. During & Acton (1992) in their study, presented an anger management program in 13 sessions for a group of 29 parents. Their program consisted of teaching hostility management method, based on anger management techniques, communication, and problem-solving skills and increasing sense of compassion. In their study, the effects of group therapy on reducing parental physical aggression were significant.

Research shows that parents of mentally retarded children face various family problems and emotional stress (Beckman, 1991; Dumas et al., 1991). Stress, depression, and anger are mostly common among these parents (Bigner, 1989). Depression is reported in mothers who have disabled children. It is affecting mother-child interaction and child’s development (Petterson & Albers, 2001). According to many studies, the presence of angry reactions in women is a predictor of depression (Perlis, et al., 2004; Mammen et al, 1999). The result of a study in Hong Kong showed that there is a positive correlation between parent’s stress level and their expression of anger toward their children (Lam, 1999).

2. Methodology

Our population comprised of all mothers who have mentally retarded or slow learner children in the elementary schools of Tehran during the academic year of 2006-2007. A total of 46 mothers who were volunteers participated. Their children were studying at two private schools of Hatef and Shahid Zarei, in Tehran. These mothers joined the workshops following a public announcement of these schools and after participating in an introductory session about the anger management workshop. These mothers, based on their demographic characteristics such as age, level of education, employment status, and having educable mentally retarded or slow-learner children, were randomly divided in two homogenized groups of experimental and control (23 pairs in each group).

2.1. instrument

Anger Evaluation Scale: This inventory was made following a semi-organized interview with 40 mothers who had special needs children (Shokoohi-Yekta & Zamani, 2007); its objective is to evaluate the level of anger in parents in
relation to their children. This instrument consists of three factors of anger eliciting situations, anger expression, and anger control strategies. The first factor, measures the intensity of parent’s anger toward their child in any special circumstances. The second factor, measures the frequency of showing anger in the form of verbal or physical behaviours toward children. The third factor consists of three sub-scales: problem-oriented, emotion-oriented, and religious approaches.

The Multidimensional Anger Inventory (MAI): This inventory was used for evaluating general anger observed in mothers (Siegel, 1986). This is a self-reporting inventory with 38 items. The main objective of MAI is to measure five elements: anger arousal, range of eliciting anger situations, hostile outlook, anger out and anger in. In the present study, based on chronbach alpha method reliability coefficient, of anger evaluating scale is purported 0.91, and for MIA was 0.92. The reliability of each factor in these instruments was calculated separately; the range for Anger Evaluating Scale is from 0.71 to 0.96, and for MIA is from 0.53 to 0.88.

2.2. Anger Management Workshops

The workshop for anger management (Smith, 2004) is designed for controlling anger in adult-child relationship. This program consists of 10 lesson plans for individual and group activities. It is based on a cognitive-behavioral approach and emphasizes on active contribution of individuals in the process of learning. The general objectives of this program are: 1) Presenting information about anger and its positive or negative effects. 2) Expressing different experiences of life and using it for eliciting the cause, emerging circumstances, and strategies for controlling anger. 3) Presenting an anger control framework to teach various skills for managing such a complicated emotion.

In this program, first the function of anger, then the exact definition of anger and its differences with other emotions such as fear, and shame is explored. Second, in each session, appropriate and inappropriate anger, the relationship between anger and other emotions will be reviewed. Third different hypothetical anger eliciting circumstances will also be explained.

This program focuses on learning self-monitoring skills, and understanding the relationship between thinking, feelings, and behaviours. Problem-solving skills are learned through self-assertiveness, asking for help, agreement, and negotiation. The basic assumption of this program is that changing distorted thoughts will result in a change of emotions and behaviours. In this workshop, the following items are also presented: Understanding physiological signs of anger, correcting the state of mind and mental challenges about anger eliciting situations. At the beginning of each session, parents were allowed to discuss about the anger eliciting situations that they had to confront, their problems with their children, and their homework.

3. Result

Analysis of covariance (ANCOVA) was used to verify the hypothesis. The results of ANCOVA on the pretests of both groups showed that F for all subscales, except problem-oriented, emotion-oriented, and religious approaches, is significant (p<0.05). It means that the pretests scores for both groups, before workshop, were different. After controlling the effects of pretest, the efficiency of anger management training on both groups (experimental and control) was calculated. The results showed that there is a significant difference between the post test scores of control and experimental groups in anger eliciting factor ( F= 4.48 , p<0.05). Since the mean of control group (103.42) in posttest is less than the mean of experimental group (117.26), one might conclude that the anger management training has reduced mothers’ anger in their interactions with children. The amount of F for problem-oriented and emotion-oriented approaches was significant (p<0.05). In other word, the workshop was effective in using anger controlling approaches (See table 1).
The result of ANCOVA for Multidimensional Anger Inventory for anger arousal, there is a significant difference between the mean of pre and posttest scores (F=3.88, p<0.05). This shows that such workshops could reduce general anger arousal in mothers. For anger expression, anger eliciting situations, hostile outlook, and anger in and out, a significant difference between the control and experimental groups was observed.

Table 1. Results of ANCOVA for Anger Evaluation Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>Anger-eliciting situations</th>
<th>External anger expression</th>
<th>Anger control strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F  Sig</td>
<td>F  Sig</td>
<td>F  Sig</td>
</tr>
<tr>
<td>Pretest Group</td>
<td>45.65 0.0</td>
<td>18.78 0.00</td>
<td>1.17 0.28</td>
</tr>
<tr>
<td>Group</td>
<td>4.48 0.04</td>
<td>0.23 0.63</td>
<td>4.42 0.04</td>
</tr>
</tbody>
</table>

Table 2. Results of ANCOVA for Multidimensional Anger Inventory

<table>
<thead>
<tr>
<th>Source</th>
<th>Anger arousal</th>
<th>Range of anger-eliciting situations</th>
<th>Hostile outlook</th>
<th>Anger-out</th>
<th>Anger-in</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F  Sig</td>
<td>F  Sig</td>
<td>F  Sig</td>
<td>F  Sig</td>
<td>F  Sig</td>
<td>F  Sig</td>
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<tr>
<td>Pretest Group</td>
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<td>53.76 0.00</td>
<td>74.53 0.00</td>
<td>4.52 0.03</td>
<td>20.63 0.00</td>
<td>73.2 0.00</td>
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<tr>
<td>Group</td>
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<td>0.27 0.6</td>
<td>0.27 0.6</td>
<td>0.24 0.56</td>
<td>0.06 0.79</td>
<td>1.02 0.31</td>
</tr>
</tbody>
</table>

References


