Effects of anger management workshops on mothers of children with special needs

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Abstract

Anger has always been recognized as a natural emotion of human being, however, inappropriate expression of anger has negative consequences such as destructive effects on the living quality of the family, interpersonal behaviour and mental states of the individuals. For this reason, conducting research in the area of anger management is considered to be very important. The present research is designed to examine the efficacy of anger management training on mothers of 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. Data were collected utilizing Anger Evaluation Questionnaire. The anger management program, based on the cognitive-behavioural approach, was implemented on experimental group during seven sessions. The findings, based on the Analysis of Covariance, revealed that anger management training decreased the intensity of anger in anger-eliciting situations and increased the use of anger control strategies. Finally, the implications of the study, limitations and suggestions for future research are presented.

Keywords: anger control, educable mentally retarded, slow learner children, parent training.

1. Introduction

Researchers are interested in studying the detrimental effects of anger on interpersonal relationships and psychological well being of people. Inability to control anger and aggressive behaviors can cause interpersonal problems, delinquency, and violation of other’s rights. On the other hand, by internalizing anger, physical and psychological problems such as stomach ulcer, migraine headaches, and anxiety [1] can occur. Some of serious social problems like child abuse or domestic violence and different interpersonal disputes are also caused by anger and inability of individuals to control anger aggravation [2].

Various studies show that anger is one of the most common emotions that usually parents experience in their interactions with their children, consequently intervening for anger in the family setting seems to be necessary [3; 4]. Uncontrolled anger toward children in the family is positively correlated with children’s mistreatment [5; 6] and family conflicts [7]. Studies also show that experiencing anger is strongly influenced by learning and will very fast shift from one family member to another. Children’s irritability is correlated with their family member’s temper, especially their parents’ bad temper. Angry parents will most likely have angry children. In fact, children whose parents are most of the time angry will get irritated easily [8]. According to Patterson [9], aggressive parents who
use threats, hostility, and rage toward their children are bad role models, and their children will in return show aggressive behaviors. These children learn to be belligerent toward their aggressive parents. Their family settings are full of aggression, and hostility, emotional and physical misconduct among family members are common. Crockenberg [10] in his study showed that angry and punitive mothers have misbehaving, children, who also try to avoid their mothers. Therefore, considering negative consequences of anger and its grim effects on parent-child relationship, anger management training seems to be crucial.

Studies conducted on anger management programs confirm the effectiveness of such programs for different groups. King and his colleagues [11] studied the effect of cognitive-behavioral control training on mildly retarded adults. They used self-reporting anger and self-esteem inventories and found out that these types of training are successful to increase the ability of controlling anger in the aforementioned group. They also purported generally better behavioral and affective adjustments in participants.

A short cognitive-behavioural group therapy was conducted on children with extrovert misbehaviours and their families. This program was divided into three parts: a) training children (controlling anger, teaching social and problem-solving skills); b) Parent group: (teaching parenting skills, solving personal problems, communication and related subjects in family); c) a combined group of children and their parents (with the objective of enhancing parent-child communication). Results showed that affective and behavioral problems of children reduced after these trainings and the quality of parent-child relations improved. In addition, children with emotional and behavioral problems and minor attention deficit disorder improved in the school setting [12]. In another study, the effect of group therapy for children with ADHD as opposed to group therapy for children and their parents was evaluated. This study was conducted in ten training sessions for children of 4 to 8 years old. In the group therapy for children, teaching social and behavioral skills and play therapy was used in three domains of social, stress and anger management. The revised copy of Barkley’s parent training curriculum (1997) was used in parent’s group therapy. Parents learned how to use anger and stress management strategies. Results showed that both groups had positive effects on five clinical domains. These domains are as follow: external behaviour of children, social skills, self-image, parenting stress, and parent’s efficiency. Results also showed that group therapy for both parents and children had a better result than children’s therapy alone. In other word, group therapy for children accompanied with their parents was more effective than for children alone, in reducing children’s misconduct and enhancing parent’s efficiency [13].

Child’s defiance, poor school performance, and difficult behavior are some of the factors that grounds or initiate anger [6]. Other factors could be low socio-economic status, cultural problems [14], and mother’s age, being single parent, social isolation, and depression [15]. According to Crockenberg, [10] mothers who experienced feeling of rejection in their childhood and received no support from their husbands after giving birth, will more likely show anger and frustration toward their children and have a punitive parenting style.

Parents react differently toward a mentally challenged newborn. Studies show that, generally, parents with a mentally challenged child encounter more family and emotional issues [16]. Stress, depression, and anger are the most common emotions that these parents experience. Depression is more seen in mothers with mentally challenged children, and it will affect mother-child relations and child’s development [17]. The results of a study in Hong Kong show that parent’s stress highly correlates with anger toward children [6]. The uncontrolled stress of parents also correlates with maltreatment of children.

In the present study, the effects of anger management workshops based on a cognitive-behavioural approach, on reducing anger in mothers will be evaluated.

2. Methodology

The present study is a semi-empirical with the pre and post testing plan, and a control group. Sample comprised of 46 mothers of slow learner and educable mentally retarded students in two private schools, Shahid Zarei and Shahi Hatefi who volunteered to participate in the workshop. The 62 enrolled mothers, were randomly placed in two groups of control and experimental. In total, 32 (69.6%) had slow learner, and 14 (30.4%) had educable children. Eight (17.4%) were employed, 38 (82.6%) unemployed, 13 (38.3%) had education higher than high school diploma, 33 (71.8%) had high school diploma or less. The average age of mothers was 38.5 years.
2.1. Workshop

Anger management workshop [8] is designed for adult-child relationship. This program is based on a cognitive-behavioral approach, and focuses on active involvement of participants in the process of learning. This educational program has three components: 1) Cognitive preparation: It entails teaching anger, its grounds, and its effects on adults. 2) Acquiring appropriate skills: Teaching confronting strategies to parents including internal dialogues, relaxation methods, and cognitive evaluation 3) Applied training: Skills learned will be tested in hypothetical circumstances under the supervision of a trainer. In anger management program, personal analysis, functioning pattern of anger and aggression in each person would be studied. Teaching self-monitoring methods, and identifying the relationship between thinking, feelings, and behaviors are considered important components of the workshop. Problem-solving skills are learned through self-assertiveness, asking for help, conformity, and negotiation. In training sessions, there is an emphasis on changing attitudes, understanding anger, replacing negative thinking with reasonable judgments, understanding physiological signs of anger, adjusting faulty thoughts in anger eliciting situations. At the beginning of each session, some time was allocated to parents for sharing their ideas about homeworks and anger eliciting situations that they encountered with the workshop moderator and other parents. In the present study, anger management program was presented in seven sessions of two hour long each, for the experimental group.

2.2. Instrument

The Anger Evaluating Inventory [18] was used to assess the efficacy of the workshops. To develop this questionnaire, semi-structured interviews were conducted with 40 mothers who had mildly retarded and slow-learner children. Three fundamental questions were asked during these interviews: 1) In what circumstances, do you get mad at your child. In other word, what does he/she need to do to make you angry? 2) When you are angry, what do you do to your child? 3) What strategies do you use to control your anger?

Based on responses, three sub-categories were designed for the questionnaire: 1) Subcategory of anger eliciting situations, the intensity of anger in response to provoking behaviors of children), that comprise 30 questions with four different choices as response. 2) Subcategory of external expression of anger [anger-out], the way anger is expressed through hostile verbal or physical behavior toward child, which has 12 questions with five different choices. 3) The subcategory of anger controlling strategies, special skills that will reduce emotions and physiological arousal, which has 27 questions with 5 choices and comprises of three components of problem-oriented, emotion-oriented, and religious factors.

In a preliminary study, this inventory was tested on a group of 30 mothers. The reliability with test-retest method, after a week interval, had a range of 0.67 to 0.89 for the three subcategories. The reliability of this questionnaire based on alpha Chronbach method for these factors was calculated 0.71 to 0.96.

3. Result

The descriptive findings for each group of control and experimental are shown in table 1. The average post-test scores of the experimental group for anger eliciting situations and anger out subtests reduced and for problem-oriented, emotion-oriented, and religious categories increased. As a result, it seems that participating in anger management workshops was effective on reducing anger toward children and increasing the use of anger control strategies.

<table>
<thead>
<tr>
<th>Group</th>
<th>stage</th>
<th>Anger-eliciting situations</th>
<th>External anger expression</th>
<th>Anger control strategies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pre-Test</td>
<td>Post-Test</td>
<td></td>
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<tr>
<td>Experimental</td>
<td>113.5</td>
<td>22.19</td>
<td>27.08</td>
<td>8.83</td>
<td>22.81</td>
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<tr>
<td>control</td>
<td>103.4</td>
<td>20.36</td>
<td>26.18</td>
<td>5.15</td>
<td>30.08</td>
</tr>
<tr>
<td></td>
<td>116.3</td>
<td>27.95</td>
<td>28.95</td>
<td>6.49</td>
<td>25.3</td>
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</table>
Results of analysis of covariance on pre-test scores of both experimental and control groups showed that calculated F for subtests anger eliciting situations, and anger out are significant and at the level of p<0.05. In other word, the average pre-test scores of the groups were different before the workshops (See table 2).

After controlling the effect of pre-test, the effects of anger management training on the post-test scores were studied. There was a significant difference between the means of anger eliciting situations in the two groups (p=0.04). Therefore, one can say that using anger management techniques reduced mothers’ anger toward their children. Considering the amount of F (F=18.78) for anger out, there was no significant difference between the two groups (p=0.63). In other word, anger management training was not successful in reducing anger out scores. The amount of F for anger control strategies, and subcategories of problem-oriented and emotion-oriented at the level of p<0.05 was significant. In other words, there is a significant difference between the average post-test scores of experimental and control groups in these domains. Thus, one can conclude that anger management training increased the usage of anger controlling strategies in general, and the problem-oriented and emotion-oriented approaches in particular (see table 2).

<table>
<thead>
<tr>
<th>Source</th>
<th>Anger-eliciting situations</th>
<th>Anger out</th>
<th>Anger control strategies</th>
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<tr>
<td></td>
<td>F</td>
<td>Sig</td>
<td>F</td>
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<tr>
<td>Pretest</td>
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<td>0.00</td>
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</tr>
<tr>
<td>Group</td>
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<td>0.04</td>
<td>0.23</td>
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</table>

Table 2. Results of ANCOVA for Anger Evaluation Inventory

References