

Phenomenology of Anger Expression in Children within Pakistani Cultural Context

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Abstract

Objectives: The present qualitative study aimed to explore the phenomenology of anger expression in children within Pakistani cultural context. Understanding of one's behavior without social, cultural and situational context would muddle up the meaning. To understand child anger within their perspective was an important objective of the present study.

Design: Qualitative research design was followed and it was an exploratory study situated within constructive paradigm and analyses was done with the help of Interpretative Phenomenological Analysis (IPA).

Duration and place of study: It took 3 months to complete the collection, synthesis and analysis of data. Sample was drawn from two private schools of Lahore, Pakistan.

Subject and method: In depth individual interviews were carried out with ten children including six boys and four girls with age range of 9 to 13 years. Responses were recorded and later transcribed into Urdu verbatim. Peer review, clarifying researcher bias and rich thick description were applied as verification method.

Results: Three major themes emerged that were physical expression, verbal expression and cognitive expression of anger. Subthemes were also explained the phenomenon in detail. Recommendations were made for clinicians, parents and educators to understand childhood expression of anger.

Keywords: Anger; Anger expression in children; Cultural context; IPA: Interpretative Phenomenology Analysis

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Introduction

Anger is a basic emotion identified in an initial stage of hostility and aggression development [1]. The current study aimed to investigate the anger expression in children within Pakistani cultural context. Anger is an emotion so can't be directly observed. It can only observe through physical and behavioural changes that articulate someone is angry [2]. Numerous factors involve with anger development as well as expression in children and adolescents, including emotional arousal, cognitive appraisal, social and circumstantial influences.

During early developmental years, expression of anger or any other emotion is difficult to distinguish; however, as children grow, their facial expressions and verbalizations differentiate

more clearly the emotional aspects like fear, sadness, and anger. In most of the cultures parents and other socializing agents' e. g peer, relatives and teachers respond more negatively to the expressions of anger as compared to other unhealthy negative emotions like sadness or fear. Social information processing skills and cognitive appraisal also improve with age. Older children are more likely to accurately appraise and process angry thoughts which are less expected among young children. Understanding of one's behavior without social, cultural and situational context would muddle up the meaning. So in addition to developmental appropriateness, it is suggested that clinicians should also consider social context when understand or appraise angry behavior of children. Anger expression may be normal and accepted in certain situations but not in others. Increases in the intensity, duration and frequency of angry behavior lead to emotional-behavioural

problems in children and may cause harm to others. Conduct Disorder is often one part of a development curve that starts with aggression during early childhood and remains patent into adolescence and adulthood in the form of antisocial behavior [3]. Verbal and physical anger often are the first signs, as well as later defining symptoms, of several childhood psychiatric disorders including Behaviour Disruptive Disorder, both of which have prevalence rates ranging from 6 to 10 % in the general population and even higher among boys [4].

It is important to understand the nature of one's culture while addressing the problem of anger because anger is expressed and addressed differently depending on a person's background [5]. In many cultures, including ours children are taught that while expressing anxiety, depression or other emotions is acceptable, expressing anger is not. In collectivistic cultures parents and even extended family members exert more control over their children and expressing anger perceived disobedience by them. As a result, many children never learn how to handle their own or others' anger effectively or to channel it constructively. Such children usually convert their emotional expression into bodily symptoms which may lead towards psychosomatic disorders. Converting angry emotions into more acceptable emotional or behavioural expressions e.g fear, anxiety, headaches, stomachaches, weeping or showing helplessness is due to lack of effective coping skills as well as socio-cultural factors and family expectations [6,7].

Both violent and nonviolent anger related behavior result from an interaction between the child and the social system in which the child is rooted [6,7]. Level of anger depends upon a number of factors like age, gender, culture and social situation e.g., externalizing and loud expression of anger is acceptable in some cultures but not in others [8]. While interpreting the reasons of anger expression the normative role of culture is very important to understand for masking the overt expression of anger [9]. Younger children reported that they usually uses expression of emotions like sadness and anger for receiving help and assistance because they did not know about emotional regulation skills, and how to remain compliant to social norms. Children expressed emotion towards fathers in more passive ways and younger children perceived their mothers as accepting figure that they can express their anger in front of them more easily [10].

Literature Review

Expression of emotions like anger, sadness and physical pain, is influenced by important socialization agents in one's life e.g. mother, father, best friend, medium friend and age and gender of children was studied on 137 children studying in 2nd and 5th grade. Children gave different reasons for different emotional expressions e.g. they expressed sadness for receiving social support and belongingness. They usually feel and express physical pain when things become uncontrollable for them where as they usually expressed their angry emotions in order to avoid negative consequences. Gender differences were also reported as girls were engaged more in verbal communication whereas boys were engaged more in aggressive expression [10].

Psychosocial correlates of children's expression of sadness, happiness and anger were investigated along with gender

differences. One hundred and eleven 2nd grade children were divided into two groups based on socioeconomic status and level of aggression. They were further divided into two groups with average and below average socioeconomic status and aggressive and non aggressive children. A confederate was used for two interactive competitive games with children. It was observed that below average in social status and aggressive children exhibit more verbal and facial anger as compare to average in social status and non aggressive children [11].

A sample of fifth through ninth grade girls and boys were drawn from public schools with diverse ethnic groups. Children were investigated using self-report data for exploring differences between anger suppression and depression. Results supported the hypothesis that girls suppress anger at higher rates than boys but not the related hypothesis that this suppression results in higher levels of depression. Age was not related to either anger suppression or depression, and no significant relationship was found between suppressed anger and depression for either sex [12].

In Pakistani context many studies have focused anger in children with different perspectives such as relationship between anger and crime, school dropout, academic problems and gender difference in expression of aggression while using measures developed in different countries. Some findings have discussed as following.

Level of aggression was investigated among adolescents and Emotional Stroop effect in aggressive and non aggressive adolescents. 52 adolescents with age range of 16-17 years equal girls and boys were drawn from private school of Lahore city. Factorial ANOVA suggested that aggressive group showed low STROOP accuracy and delayed reaction time than non aggressive adolescents. Results also revealed significantly higher attention problem in aggressive adolescents than non aggressive adolescents. Gender wise difference was also significant where boys and aggressive group showed low accuracy and higher reaction time on EST than girls and non aggressive group [13].

A study was designed to investigate emotional problems in street children of, Pakistan. Three hundred children including 150 normal children and 150 street children were drawn from Rawalpindi and Lahore and their age range was 5-16 years. Human Figure Drawing test was used to assess emotional problems of children. Interpretation of the test revealed that street children experience more emotional problems e.g. impulsivity, aggression and immaturity as compared to normal children. Anxiety and guilt were significantly high on street girls as compared to boys [14].

Perception of inter-parental conflict leads to aggression in adolescents. Two hundred adolescents including 100 boys and 100 girls with age range of 14-16 years from different public schools. Measures of the study were Child Perception of Inter-Parental conflict and Aggression Questionnaire. Findings revealed significant positive correlation between child perception of inter-parental conflict and aggression in adolescents. Child perception of inter-parental conflict materializes as significant predictor of aggression. The results of their study revealed that girls express high level of verbal aggression whereas boys perceive more inter parental conflicts in terms of intensity, threat and self blame [15].

The phenomenology of anger expression in children has not yet been focused so far. Keeping in mind the cultural influence on anger expression a qualitative investigation was planned to fully aware the phenomenology of anger in children with in their perspective.

First author personal context

As a clinician it was my experience that symptoms of anger could get in the way of the treatment for many mental disorders. If anger is contributing factor to the maintenance of symptoms, and it is not targeted during treatment, children may not be benefited as much from that treatment. Children who have not learned to manage their anger are at risk for aggression and sometimes violent explosive behavior later in life. I am mother of two boys, one eleven years old and younger one is seven years old. I am witnessed of their anger expression styles, elder usually express anger with hitting and shouting while younger one weeping and complaining. Sometimes no apparent reason initiates their anger. So I am also interested to know how other children of this age express their anger and unique meaning that they give to their experience of anger. The most interesting part of the study was to know their cognitive dialogue that they have while angry for which I always thought is act like a fuel during anger expression.

Method

Research design

The current research is an exploratory qualitative study situated within interpretative paradigm. Qualitative research focuses the socially constructed nature of reality, the intimate relationship between the researcher and what is being studied along with contextual factors that shape the inquiry [16,17].

Qualitative researchers are more likely to confront the constructs of everyday social life and consider rich thick description as a major mode for exploring the research question. Qualitative method fosters an opportunity for the researchers to explore deeply and communicate vividly participants' experiences [18]. According to us, anger as an emotion can be appropriately explored at preliminary level with the help of the qualitative inquiry. Moreover, qualitative research may be a facilitating tool for children to vocalize their expressions and experiences in details as compared to the use of quantitative research. As the

quantitative research is inflexible and linear this may hinder in-depth exploration of the phenomena of life.

Paradigm and tradition of inquiry

We choose Interpretative Phenomenology Analysis (IPA) paradigm in our present study, as it focuses on participants as active in constructing their realities. Ideographic case-study approach one method of IPA that is recommended for the exploration and development of in-depth descriptions from a single case or shared themes from up to ten cases [19] was used for present research. We applied IPA on interview data, which was recorded (on audio tape) and transcribed.

Sample

Criterion sampling as one form of purposive sampling has facilitated in identification of the sample. Ten children 6 boys and 4 girls with age ranging from 9 to 13 years were selected from multiple sites including two private schools of Lahore, Pakistan. For other demographic details see **Table 1 and 2**.

Inclusion criteria

- Children whose parents gave informed consent and willing to participate in a study voluntarily.
- Children going to main stream schools.

Exclusion criterion

- Children who screened having emotional-behavioural problems with the help of DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom [20].
- Children with physical disability, handicapped and has any neurological impairment were also not included in present sample.

Demographic information depicted that 60% were boys whereas 40% were girls. Most of the participants were 12 years old (30%) and in 8th grade (30%). Only one participant has no siblings.

Interview protocol

In the present study we primarily carried out ten in-depth interviews, whereas personal reflections remained supporting method. Interview protocol was used for assuring consistency and structure in interviews. Interview protocol is a carefully designed gadget which includes a set of questions arranged in an order for the purpose of guiding the interviewer [21].

Table 1 Demographic Description of Participants (N=10).

Participant no	Age	Gender	Grade	No of Siblings	Birth order	Socio-Economic Status
1	13	boy	8 th	3	last	middle
2	11	boy	6 th	2	first	middle
3	9	boy	4 th	3	last	middle
4	10	boy	4 th	4	last	middle
5	11	boy	5 th	3	Second	middle
6	12	boy	6 th	3	second	middle
7	10	girl	5 th	Only child	Only child	middle
8	13	girl	8 th	3	First	middle
9	12	girl	8 th	4	Third	middle
10	12	girl	7 th	3	last	middle

Table 2 Frequencies and percentages of Demographic description of sample (N=10)

Variables	f	%
Gender		
Boys	6	60
Girls	4	40
Age in years		
9	1	10
10	2	20
11	2	20
12	3	30
13	2	20
Grade		
4	2	20
5	2	20
6	2	20
7	1	10
8	3	30
No of siblings		
2	1	10
3	6	60
4	2	20
Only child	1	10
Birth order		
First born	2	20
Middle born	3	30
Last born	4	40
Only child	1	10

Moreover, researcher’s personal reflections were incorporated. Personal reflections add context to the interviews which helps the researcher in keeping striking themes and information fresh and alive; and are useful in allocating meanings to the collected data [22].

Procedure

Ten children with age range of 9 to 13 years including 6 boys 4 girls were selected from two private schools of Lahore after the institutional permission as well as the consent of their parents. The assent was also obtained from children. I individually interviewed them by using the same interview protocol. The participants were informed of the research purpose and their interviews would be conducted in a semi structured in-depth way. Initially children were not comfortable and did not communicative much about their expression of anger while angry. They replied with one or two words. Rapport was established through drawing, chit chat for common interests and playing some games with them. Then they feel relax and respond to the interview protocol. The main inquiry question was “How you express your anger in anger provoking situations”. Other questions were also asked to facilitate children expression related to phenomenology of anger. Their interviews were recorded with their consent with the help of digital recorder mp4 device. Interviews were later transcribed and analyzed separately for themes identification. First step in analysis was detailed exploration of themes in all interviews one by one then to identify common themes, analyses carried out

across ten interviews. Thereafter the similarities and differences were identified, and clusters of sub themes were formed. Peer review, clarifying the researchers’ bias and rich thick description were applied for verification.

Ethical considerations

Ethical considerations were followed during the research process which is as follows:

- Research study was approved by Departmental Doctoral Programme Committee.
- Institutional permission was taken from the School authorities.
- Participants were fully informed of the purpose and interview recording. The assent from children and written informed consent was obtained from their parents.
- They were assured of the confidentiality of the information they would provide.
- The participants’ numbers were used instead of their names in the research report in order to maintain confidentiality.

Findings and Discussion

Detailed and multiple reviews carried out until emerging themes become saturated. We extracted three major themes that were physical expression, verbal expression and cognitive expression of anger. Within three major themes further subthemes were also detected (**Figure 1**). Themes revealed children expressed their anger in high intensity, more frequent but less in duration.

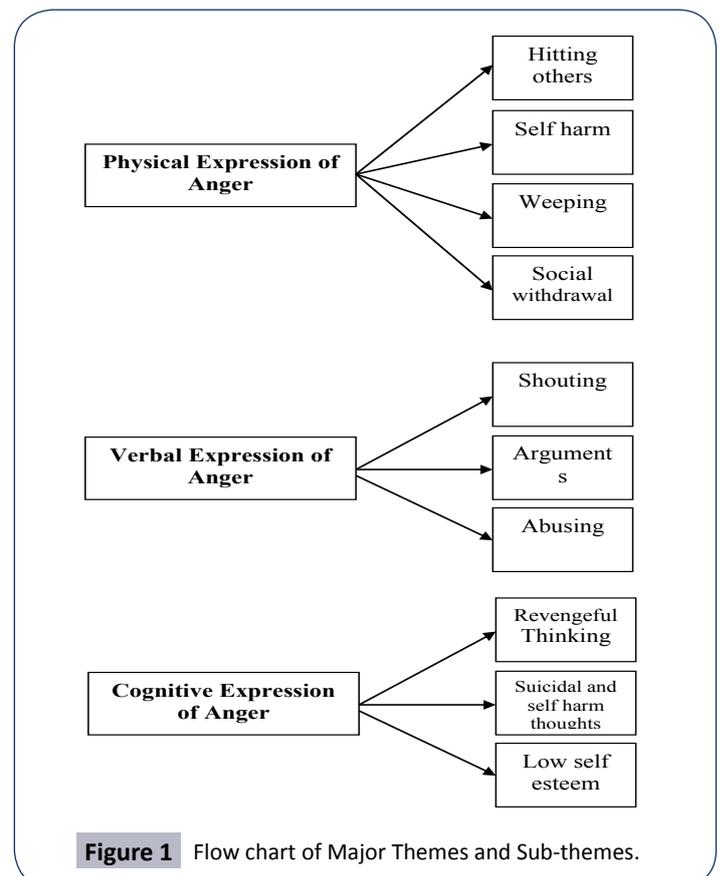


Figure 1 Flow chart of Major Themes and Sub-themes.

As participant no 2 expressed that “I easily get irritated by my younger brother, for even ten to twenty times in a day but my annoyance lasts only for two to three minutes’.

One way of expressing the feelings of anger is aggression which is usually unplanned hostile and impulsive. Aggression may be physically expressed like kicking or hitting or verbal expression can be used like abusive language or giving threats. It also leads towards misunderstandings or interpersonal conflicts [23].

Physical expression of anger

Physical expression of anger appeared as major theme in interviews of almost all ten participants. Children express their anger physically by hitting others, kicking doors or walls, weeping aloud or in isolation and some participants (participant no 7,8,10,) also reported social withdrawal e.g locking in rooms, staying away, sitting alone in the corner of room, remain quiet and refuses to talk. Pakistani children for last few decades are living under conditions of terrorism, political instability and constant threat of violence. Research findings suggest that children living under stressful geographical regions are more vulnerable to psychological problems including anger and aggression. State anger was reported by children and adolescents who were frustrated or confused by their social situation such as living in geographical regions that are more under threat of missile attacks. Subthemes included hitting others, weeping, self-harm and social withdrawal [24].

Hitting others

Multiple data visits revealed hitting others subtheme was more common among boys While feeling angry they used to hit their siblings, hit and kick doors, walls, slap younger children as reported by participant no 2, 4, and 5. In a culture where people are taught to suppress their anger, there could be frustration and a general disconnection from wants and needs. If anger was taught as an automatic answer to problems, displays of rage or hate might be common. However, in a culture where healthy anger is allowed from a young age, one might find more people who are assertive [25]. In Pakistani culture, standards are somewhat different for boys and girls. Boys are allowed to express their anger while girls are expected to be more rational and docile even in anger provoking situations. On the basis of previous studies, it can be inferred that there are gender differences in anger expression. Males are more comfortable in expressing anger over other emotions [17-19]. Boys are highly expressive in facial, verbal, and physical anger as compared to girls [26].

Self-harm

Children also reported they used to hit themselves tried to mutilate sometimes as participant no 9 used to cut her and continued until blood can be seen. Participant no 2 also reported when he felt angry sometimes he collide his head with walls or against his own hands. Self-harm is one way of expressing and dealing with deep distress and emotional pain. When one feels that he/she has no choice, injures oneself is the only way to cope with feeling of sadness, emptiness, guilt and rage [27]. Anger expression and regulation play a very decisive role in one's life e.g physical and psychological wellbeing, interpersonal relationships,

occupational prosperity and perceived quality of life [28-30]. Inappropriate expression and anger dysregulation somehow leads towards homicide [30].

Weeping

Weeping as an anger expression style was also reported by most of the children. Participant no 2, 7, 8, 9 and 10 expressed weeping aloud and sometimes in their own room after locking themselves while they were alone. Many studies revealed that anger is fundamental constituent of childhood depression [31,32]. Children and adolescents reported that their dejected mood usually contains both anger and sadness [33]. Sometimes perceived helplessness and hopelessness leads towards weeping as anger expression strategy.

Gender can play a role. Boys were high on verbal and physical aggression but girls were high on verbal and indirect aggression. As far as social problem solving styles were concerned boys have higher frequency in aggressive responses whereas girls have high frequency in defensive responses [34].

Social withdrawal

Some children who expressed their helplessness over source of anger they usually avoid direct confrontation and used to sit alone, sit in the corner avoid talking to parents and siblings. Avoid making eye contact or avoid the company of siblings. As Participant no 4 reported “In school if I have angry feelings I go to washroom and if I am at home then avoid my siblings and parents and remain in the room for hours. Participant no 7 and 10 also given their account of remaining quiet and do not say a single word just sit in the corner of the room. Some studies indicated that social withdrawal is linked to psychological maladjustment as it represents a behavioural expressions of internalized thought and feelings of social anxiety and depression [35].

Verbal expression of anger

Second major theme extracted is verbal expression of anger. Children used to express their anger with loud voices, shouting, screaming, abusing and also become argumentative. Empirical investigations revealed that anger can be expressed in many forms. The common ways of anger expression may comprise of rumination, opposition, in quest of revenge, expressing abhor, evade the anger source, and looking for assistance [36].

One hundred and sixty studies that focus on emotional expression from birth to period of adolescents including twenty one thousand participants combined and interpreted their results. Internalized mode of expression is mostly used by girls and they also exhibit more positive emotions. The girls experienced more anxiety and sadness while comparing with boys, but their outward expressed is more cheerful and joyous. The boys were more likely to exhibit anger and aggression while comparing with the girls. Boys usually enjoy while taunting or teasing others. It could lead towards the increased risk for such boys to engage in aggressive and bullying behavior [37].

Shouting

Children also reported shouting over siblings and screaming

loudly. Participant no 2 reported yelling over his younger brother when they show disobedience. Participant no 3 and 6 also reported screaming and used to shout while angry. Participant no 9 reported speaking in a very loud voice. According to children to overcome their internal anxieties and perceived lack of control they usually shout at the stimuli. By doing so they felt emotionally released. Anger is a negative emotional state usually accompanied by hostility, loud verbalizations, physiological arousal, negative cognitions and behaviours. It is a reaction of perception of being disrespectful, humiliating, and intimidating or negligent [38].

Arguments

Children expressed their anger with the help of arguments as participant no 6, 7, 8, 9 used to argue with siblings, friends and parents. All children display anger but in middle childhood some children expressed their anger in more subtle and socially acceptable ways. Children confrontation is also become more subtle and it's more like power struggle. According to some children we need logic to explain why other refrain from doing things like watching T. V, playing video games for long hours or pity quarrels with siblings, so we do arguments for our mental satisfaction. Children actually want to assert themselves, grab control from authority figure and be independent [39].

Abusing

Children also become abusive as a last resort when all other ways of expression ended but angry feelings still prevails. Then they use bad words, typical slangs; dafa ho jao (get out), meri nazron se door ho jao (go away), baqwas mat kar (shut up), ziadasar mat char (don't be over). Abusive anger benefits abusive people by sending shockwaves of doubt and fear through their target's mind and body. The target will freeze, flee, or fight back. Abusive anger can turn violent even if the abuser has never physically assaulted anyone. Same experiences shared by most of the children that when their siblings, class mates behave which create annoyance or anger in them they want to use bad words so their opponents as children stated them will rectify themselves [2]. Some children like participant no 4 and 9 reported they only learn abusive language while angry as our parents do so. Verbal abuse ranging from yelling to silent put down usually emotional abuse which cannot see like physical abuse but only felt. Parents usually use verbal abuse to control their children but basically they hide their own inadequacies, insecurities and fears. Such parental behavior has profound impact upon children and put permanent scars on their social, emotional, and cognitive development [2]. Significant positive relationship found between trait anger and both physical and verbal aggression [30].

Cognitive expression of anger

The cognitive component of anger addresses mental phenomena e.g appraisals, memories, perceptions and misperceptions that influences or bias the thought processes of angry individual. Participants reported anger related thoughts including revengeful, suicidal and self-harm thoughts, feeling of low self-esteem was also reported. Angry persons are biased decision-makers, in that anger takes the place of every possible alternative explanation [40-42].

One's perception about possible threat leads to anger as a response towards precursor conditions and its severity again depends upon attribution of that antecedent. Intense anger usually accompanied by cognitive dialogue, including desire to diminish or destroy the negatively perceived stimuli [1].

Revengeful thinking

In anger, the initial perception of another's behavior as unfair and undesirable becomes exaggerated through multiple, distorted cognitive processes of overgeneralization, until the target person himself is perceived as intolerably and intentionally bad [43]. Participant no 2 reported he always feel annoyed by his younger brother, but unable to express his anger fully directly upon him, as he said 'I always makes plan to hit him, slap him and throw him out of my house'. Participant no 4, 5 and 7 also reported revengeful thoughts of hitting and kicking related to his class mates and arguments with their teachers. They also attributed their behavior as unfair and aggressive.

Misunderstandings frequently escort to redundant anger, which can be harmful for a smooth relationship. A child who has a predisposition to act in an aggressive manner is more likely to appraise intimidating intention following someone's actions. Such children will weigh up the possible responses and act in more selfish ways. If the children feels as nevertheless their smugness was hurt and inquire about to maintain their self-esteem, the possible response will be aggression. If the child does not feel angry, but evaluated his options and will pick such responses that will lead to his desired outcome, he may still prefer to react aggressively [44].

The cognitive mediation in anger should be understood as an automatic and intrinsic part of perceptual process and it does not necessarily involve an explicit, complex, thinking process [42,44]. Secondary and successive role of higher order cognitive reflections that are appraisal and causal attributions are also very important in anger. The undesirable external events alone do not give rise to anger but the meaning, attribution and appraisal can initiate anger. Therefore, the events which make one person angry may not possibly prove anger provoking for another person [42].

Passive aggression often expressed in revengeful thinking. It is a hidden way of anger expression which involves behavior of recuperates towards other person. Sometimes the person who has passive aggression does not know or even recognize the hidden anger. They usually involve in procrastination, hidden revenge or moping [23].

Suicidal and self harm thoughts

Participant no 2 and 9 reported suicidal thoughts especially when they felt themselves helpless. At times when they were not allowed to show their anger, they keep it inside and start thinking about suicide. They also reported thoughts of self-harm during anger provoking situation. This was also their expression of helplessness and hopelessness. According to children parents mostly not allowed them to express their emotions or even opinions openly. So they usually suppress their emotions and internally ruminate them which may result in suicidal or self harm thoughts. Adolescents who involved in self-harming also reported

antisocial behavior, emotional distress, anger outbursts, low self-esteem and risky health behaviours [45]. Children who think or actually self-harm themselves or suicide have some problems like difficulties or disputes with parents, siblings or peer, low self-esteem depression, bullying and poor physical health [39].

Low self esteem

Participant no 3, 6, 8, and 9 expressed such thoughts which revealed their feeling of low self-esteem. Their verbatim was 'no one loves me, why don't they love me, I am just like a stone of no worth, no one respects me, no one notices me, I am leading an unhappy life'. Those with low self-esteem frequently get their feelings hurt and can easily be offended and become angry and easily provoked. According to children when nobody tried to understand their feelings, emotions or behavioural antecedents, then their automatic response were feelings of rejection, worthlessness, and inferiority belief patterns. They constantly look for signs that others are rejecting or disapproving of them and even sometimes it's not true [46]. Anger suppression and depression is related to each other and it is most common in girls. The girls who experience more anger suppression in their developmental years are more vulnerable for depression and low self-esteem [46].

Limitations

Following are few limitations of present study while interpreting the results one should keep these points in mind.

- The study was designed to get in depth knowledge regarding anger expression but without getting information of antecedents and consequences of anger expression, the knowledge would be incomplete.

- Due to effect of social desirability some children may hide their true responses so triangulation would be useful. Other methods of data collection including interviews or focus group discussions with parents, teachers and peers are suggested for further studies.
- Sample size was small even though it was a qualitative study but for future studies increase in sample size will be helpful to generalize the results.

Implications and Recommendations

Childhood anger is an important focus for clinicians, educators and parents due to its relative stability over time and consistent link to a variety of negative outcomes later in adolescence, including delinquency, conduct problems, poor adjustment, and academic difficulties like poor grades, expulsion, and dropping out of school [47]. It is especially important to understand emotions in early age levels. Considering the seriousness of some violent actions performed by children in schools in different cultures, childhood anger has become a relevant and urgent problem to solve [48].

In depth personal interviews of children highlighted the need to identify and treat anger at early age of development. Although anger expression is one of the major leading factors in many disorders and has great impact upon personality development and in adult life may be very harmful but it has not yet been recognized as mental disorder in DSM 5 [20].

Further researches both qualitative and quantitative should focus upon antecedents of childhood anger in this way phenomenology of anger could be better understood by clinicians and educators. And they would be able to plan for management of anger more appropriately.

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