

EXPLORING THE EXPERIENCE OF AND THE ASSOCIATED RISK  
FACTORS OF MALADAPTIVE ANGER FOR CHILDREN AGED  
BETWEEN 11-14 YEARS IN A NAMIBIAN SCHOOL SETTING

A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS (CLINICAL PSYCHOLOGY)

OF

THE UNIVERSITY OF NAMIBIA

BY

Lucy-Ann de Koe

9110631

January, 2019

Supervisor: Dr. M. Janik

## **ABSTRACT**

Stress levels and affective states in children aged between 11-14 years are impacted by developmental tasks, peer interaction, peer acceptance and psychosocial adjustment. In addition to this, slower development of regulatory systems and rapid arousal and motivation development increases stress levels and affective states of adolescents leading to internalization and/or externalization (maladaptive anger). This study focuses on the experience of and the risk factors associated with maladaptive anger by attempting to answer how children aged between 11-14 years are experiencing maladaptive anger and what factors are increasing the risk of maladaptive anger. A qualitative research approach with an interpretive phenomenological design was used to explore the research questions. A sample of 18 adolescents at an educational setting in Windhoek, Namibia participated in the study. A non-probability purposive sampling technique was used for sampling and individual interviews were held after parental consent and adolescent assent had been obtained. Data was analysed using an established methodological approach being the interpretative phenomenological analysis. In this context it was found that maladaptive anger in adolescents is a unique and complex experience and factors, such as beliefs and attitudes about maladaptive anger, provided insight into the experience. The contributing factors associated with maladaptive anger were identified as loss/lack of personal power, social modeling, relationship between stress and maladaptive anger and insecure attachment (adverse environments).

## TABLE OF CONTENTS

<b>ABSTRACT .....</b>	<b>i</b>
<b>TABLE OF CONTENTS.....</b>	<b>ii</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>vii</b>
<b>DEDICATION.....</b>	<b>viii</b>
<b>DECLARATIONS .....</b>	<b>ix</b>
<b>CHAPTER 1 .....</b>	<b>1</b>
<b>INTRODUCTION TO THE STUDY .....</b>	<b>1</b>
<b>1.1 Background of the study .....</b>	<b>1</b>
<b>1.2 Statement of the problem.....</b>	<b>4</b>
<b>1.3 Research questions .....</b>	<b>5</b>
<b>1.4 Conceptual and operational definitions of the key concepts .....</b>	<b>6</b>
<b>1.4.1 Children aged between 11 and 14 years. ....</b>	<b>6</b>
<b>1.4.2 Maladaptive anger. ....</b>	<b>6</b>
<b>1.5 Significance of the study .....</b>	<b>7</b>
<b>1.6 Limitation of the study .....</b>	<b>8</b>
<b>1.7 Delimitation of the study.....</b>	<b>8</b>
<b>1.8 Summary .....</b>	<b>9</b>
<b>CHAPTER 2 .....</b>	<b>10</b>
<b>LITERATURE REVIEW AND THEORETICAL FRAMEWORK .....</b>	<b>10</b>
<b>2.1 Introduction .....</b>	<b>10</b>

2.1.1	Anger defined. ....	10
2.1.2	Anger in early adolescence. ....	11
2.1.3	Purpose of anger.....	11
2.1.4	Maladaptive anger. ....	12
2.2	Stress and coping as risk factors .....	13
2.3	Gender differences .....	14
2.4	Adverse environments as a risk factor .....	15
2.4.1	Parental Neglect. ....	16
2.4.2	Childhood abuse and trauma.....	18
2.4.3	Exposure to violence. ....	19
2.5	Modeling of behaviour as a risk factor.....	22
2.6	Insecure attachment and maladaptive anger.....	23
2.7	Theoretical framework .....	24
2.7.1	Attachment Theory.....	24
2.7.2	Social Learning Theory. ....	26
2.8	Summary .....	28
CHAPTER 3 .....		29
RESEARCH DESIGN AND METHOD .....		29
3.1	Introduction .....	29
3.1.1	Research design. ....	29
3.1.2	Setting and Sample.....	31
3.1.3	Research Instruments. ....	33

3.1.4	Research Procedure. ....	34
3.1.5	Data analysis. ....	35
3.1.6	Research ethics. ....	37
3.2	Summary .....	37
CHAPTER 4	.....	39
RESEARCH FINDINGS	.....	39
4.1	Introduction .....	39
4.2	Descriptive Statistics .....	39
4.3	Emerging themes regarding maladaptive anger.....	40
4.3.1	Participants experience maladaptive anger.....	42
4.3.2	Somatic experience of maladaptive anger.....	53
4.3.3	Attitude about maladaptive anger.....	55
4.3.4	Beliefs about anger.....	56
4.3.5	Loss/lack of personal power. ....	68
4.3.6	Social modeling.....	79
4.3.7	Relationship between stress and maladaptive anger. ....	88
4.3.8	Insecure attachment.....	92
4.4	Summary .....	96
CHAPTER 5	.....	98
DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	.....	98
5.1	Introduction .....	98

<b>5.2</b>	<b>Discussion of findings .....</b>	<b>98</b>
<b>5.2.1</b>	<b>The experience of maladaptive anger.....</b>	<b>98</b>
<b>5.2.2</b>	<b>Contributing factors. ....</b>	<b>104</b>
<b>5.3</b>	<b>Conclusions .....</b>	<b>107</b>
<b>5.3.1</b>	<b>Introduction.....</b>	<b>107</b>
<b>5.3.2</b>	<b>Conclusions regarding the experience of maladaptive anger. ....</b>	<b>108</b>
<b>5.3.3</b>	<b>Conclusions regarding associated risk factors of maladaptive anger. .....</b>	<b>108</b>
<b>5.4</b>	<b>Recommendations .....</b>	<b>110</b>
<b>5.4.1</b>	<b>Introduction.....</b>	<b>110</b>
<b>5.4.2</b>	<b>Recommendations regarding future utilization of research. ....</b>	<b>110</b>
<b>5.4.3</b>	<b>Recommendations regarding future avenues of research.....</b>	<b>111</b>
<b>CHAPTER 6</b>	<b>.....</b>	<b>112</b>
<b>REFERENCES</b>	<b>.....</b>	<b>112</b>
<b>APPENDICES</b>	<b>.....</b>	<b>122</b>
<b>Appendix A: Ethical Clearance Certificate</b>	<b>.....</b>	<b>122</b>
<b>Appendix B: Interview Guide</b>	<b>.....</b>	<b>123</b>
<b>Appendix C: Informed Consent and Assent Form Samples</b>	<b>.....</b>	<b>129</b>
<b>Appendix D: Ministry of Education, Arts and Culture Research Approval...</b>	<b>.....</b>	<b>140</b>
<b>Appendix E: Research Approval from Director of Education</b>	<b>.....</b>	<b>141</b>

## **LIST OF TABLES AND DIAGRAMS**

<b>Table 1: Descriptive Statistics of Participants.....</b>	<b>39</b>
<b>Table 2: Emerging Themes and Subthemes .....</b>	<b>40</b>
<b>Diagram 1: Maladaptive Anger Experience .....</b>	<b>52</b>
<b>Diagram 2: Beliefs about Maladaptive Anger .....</b>	<b>68</b>
<b>Diagram 3: Loss/Lack of Personal Power.....</b>	<b>79</b>
<b>Diagram 4: Social Modeling.....</b>	<b>88</b>

## ACKNOWLEDGEMENTS

- ✚ God Almighty for His redemptive power, mercy and grace that make all things possible.
- ✚ My family, friends, fellow students and lecturers, I am humbled and grateful for the invaluable support and encouragement. It is indeed much appreciated and will never be forgotten.
- ✚ My benevolent supervisor, Dr. Manfred Janik, for his assistance, guidance and inspiration throughout my academic endeavours and especially through the challenging journey to the completion of this thesis.
- ✚ The University of Namibia for equipping Namibians with an exciting future and the gift of making dreams a reality through education.
- ✚ Finally, the participants who took part in this study, their honesty and contribution are greatly appreciated.



## **DEDICATION**

I wish to dedicate this work to my beloved husband, Hugo and my precious children Luchenchè, Jodecì and Hugo Jnr. Thank you for the immeasurable patience and tolerance you have exhibited. You have lovingly encouraged me, motivated me and inspired me to regain momentum time after time. I love you for it.

## DECLARATIONS

I, Lucy-Ann de Koe [9110631], hereby declare that this study is my own work and is a true reflection of my research, and that this work, or any part thereof has not been submitted for a degree at any other institution.

No part of this thesis/dissertation may be reproduced, stored in any retrieval system, or transmitted in any form, or by means (e.g. electronic, mechanical, photocopying, recording or otherwise) without the prior permission of the author, or the University of Namibia in that behalf.

I, Lucy-Ann de Koe grant the University of Namibia the right to reproduce this thesis in whole or in part, in any manner or format, which the University of Namibia may deem fit.

.....

**Name of Student**

**Signature**

**Date**

## **CHAPTER 1**

### **INTRODUCTION TO THE STUDY**

#### **1.1 Background of the study**

Early adolescence, between the ages of 11-14 years (World Health Organisation [WHO], 2016), is generally regarded to be a tumultuous time due to emotional, psychological, social and biological changes within the adolescent (Steinberg, 2005). During this life phase, developmental tasks such as identity construction, refinement of social skills, autonomy contention, understanding and incorporating responsibility as well as positive value formation, impact the stress levels and affect emotional states (Carlozzi et al., 2010). In addition to these developmental tasks, peer interaction quality and psychosocial adjustment also influences affective states of adolescents as social appropriateness and peer acceptance becomes increasingly important (Rueth, Otterpohl, & Wild, 2017). Additionally, arousal and motivation development at this stage precedes regulatory development (Steinberg, 2005). Slower development of regulatory systems and more rapid arousal and motivation development increase the risk of internalizing (depression, anxiety) and externalizing (violence, delinquency, aggression) problem behaviour (Steinberg, 2005). According to Down, Willner, Watts, and Griffiths (2011) these difficulties experienced during this life phase raise susceptibility to negative behaviour such as youth delinquency, aggression, violence, and substance abuse amongst others. In most cases the underlying affect that contributes to the display of this externalizing problematic behaviour is maladaptive anger (Hampel & Petermann, 2006). Maladaptive anger is

triggered as a result of stressors and ineffective coping strategies during these critical adjustments that come with adolescence (Hampel & Petermann, 2006).

Maladaptive anger is the driving force of anger where the outcome is dysfunctional and activates aggression and violence (Novaco, 2003). Maladaptive anger presents significant social and clinical problems as it often culminates into aggression, violence and other behavioural problems (Blake & Hamrin, 2007). Of the problems manifesting in children aged between 11-14 years, anger, aggression and violence are among the most shared and serious concerns of parents, teachers, and educators (Underwood, 2003). Maladaptive anger is also one of the most common reasons why children aged between 11-14 years are referred to educational, clinical, medical, and forensic settings (Sukhodolsky, Smith, McCauley, Ibrahim, & Piasecka, 2016). According to Novaco (2011) maladaptive anger has been known for its forceful influence on violence risk and its contribution to psychiatric disorders.

Maladaptive anger is fundamentally related to danger as it induces violent behaviour in the absence of self-regulatory controls (Novaco, 2011). According to Lemus and Johnson (2008) maladaptive outcomes of anger includes bullying, gang involvement, substance abuse, low academic performance, dating violence and peer rejection. Also, manifestation of maladaptive anger may take many forms, such as self-mutilation, physical and verbal aggression and violence (Blake & Hamrin, 2007). Thus, uncontrolled (maladaptive) anger causes more harm, hence, it should be managed through preventative and remedial programs.

The Namibian society is plagued with violence with the bulk of violence being perpetrated against women and children in the form of sexual violence, intimate partner violence, domestic violence and lovers' homicide (Ministry of Health & Social Services, 2014). Violence in educational settings is also another high-ranking concern in the Namibian society and it occurs in the form of gang involvement, bullying and homicide (Ministry of Health & Social Services, 2014). In an effort to address violence in educational settings, the Ministry of Education, Arts and Culture developed a National School Safety Framework (NSSF) implemented with the focus to determine the level of school violence and provide practical steps to effective prevention and response to violence and self-harm (Ministry of Education, Arts & Culture, 2018). The World Health Organisation (WHO) (2013) surveyed 4531 Namibian learners aged 13-17 years and indicated that the percentage of learners who were in a physical fight one or more times during the twelve months prior to the survey date were a total of 35.8% of whom 44% were male learners and 29.2% were female. Learners who were seriously injured during physical fights one or more times prior to the past 12 months before the survey date were a total of 58.9% (65.9% male and 55.2% female). Learners who were bullied on one or more days prior to the past thirty days before the survey date were a total 47.9% of whom 47.9% were male and 45.4% female.

Despite the information that maladaptive anger is a dominant problem for children aged between 11-14 years, it is still vastly understudied (Novaco, 2003). The contributing factors of maladaptive anger in children aged between 11-14 years as well as the potentially aggravating and alleviating factors are not

well understood and necessitate more research (Carlozzi et al., 2010). Namibia is a country that is familiar with violence if one considers the violence committed during the apartheid era and subsequent war for independence. Identification of risk factors of maladaptive anger may very well address Namibia's propensity for violence illustrated by high suicide rates, intimate partner violence, gender based violence and passion killings (Duff, Nampweya, & Tree, 2017), as maladaptive anger is the precursor for aggression and violence (Novaco, 2003). Exploration of maladaptive anger in children aged between 11-14 years is therefore essential to address its violent and aggressive impact on the Namibian society.

## **1.2 Statement of the problem**

Maladaptive anger is of social and clinical importance not only due to it being a precursor of aggression and violence but also since it is induced by stressful circumstances such as school and work pressures and adverse environments, relationship issues and traumatic experiences (Novaco, 2003). The effect of maladaptive anger is often widespread as it not only affects the individual but also the family system, the educational system and the community as a whole (Smith, Stephens, Repper, & Kistner, 2016). Lack of intervention strategies that could be implemented successfully intensifies the consequences to the individual, the family and the community. Maladaptive anger culminating in violence is a reality impacting the adolescent's family, peers, educators and others, necessitating the identification of aggression risks factors for prevention and intervention program development (Centres for Disease Control and Prevention [CDC], 2005).

In the Namibian context specifically numerous incidents such as school gang violence, sexual violence, fellow learners and teachers stabbed and school ground fighting are common and a real concern for families, educators and the Namibian society. In July of 2017 seventy five learners at Haudano Senior Secondary School were suspended from the hostel for violent behaviour and the stabbing of one teacher (Jason, 2017). Simasiku (2017) reported that a Grade 8 learner at Kandume Combined School was fatally stabbed by a fellow Grade 9 learner. Smith and Beukes (2018) reported a principal being attacked and stabbed by a learner and a police raid at a school resulted in 40 learners being sent home due to weapons found on them. Smith and Beukes (2018) also reported the Minister of Education, Arts and Culture, several principals and the Director of Education expressed their concerns on how violence on school grounds, bullying and gang fights is a worrisome fact for the Namibian society. All this violence and aggression seems to be activated by maladaptive anger (Novaco, 2003) and the social and clinical problems resulting from maladaptive anger can only be addressed once risk factors and the understanding of the adolescent maladaptive anger experience are well established through exploration of the phenomenon.

### **1.3 Research questions**

This study attempts to explore the following questions:

- 1.3.1 How are children aged between 11-14 years experiencing maladaptive anger?
- 1.3.2 What are the factors contributing to maladaptive anger in children aged between 11-14 years?

## **1.4 Conceptual and operational definitions of the key concepts**

### **1.4.1 Children aged between 11 and 14 years.**

Children aged between 11-14 years are adolescents according to the World Health Organisation (WHO) (2016). Therefore this study will refer to children aged between 11-14 years as adolescents interchangeably. Adolescence is characterized by intense growth (biologically and psychologically), presented with transition adjustment challenges. Even though the biological changes of adolescence are fairly universal, the period and associated characteristics varies across cultures and socioeconomic status (WHO) (2016).

### **1.4.2 Maladaptive anger.**

Maladaptive anger is considered as physical aggression (hitting, bullying, fighting) and non-physical aggression (threatening, name calling, shouting, cursing) (CDC, 2005). Anger is a normal emotion that has considerable adaptive value for coping with life's adversities (Novaco, 2003). According to Novaco (2003) these adaptive functions of anger are perseverance when facing frustration or injustice, and to energize and fuel behaviour for corrective actions. Adaptive anger also serves as a survival mechanism, it increases personal resilience, acts as a self-esteem guardian and serves as determination to overcome obstacles to personal happiness. Maladaptive anger thwarts the adaptive function of anger by its ability to activate aggression and violence, its association with distress emotions such as sadness and fear, its damaging potential to significant



relationships, its connection to stress related health issues and its affect entanglement (Novaco, 2011).

According to Down et al. (2011) maladaptive anger is characterized by being part and parcel of one's identity, by ignorance that anger is problematic and by the belief that anger is an external force and thus one is incapable of controlling it. Maladaptive anger is associated with elevated anger expression (the extent anger is expressed through aggression) and diminished anger control (the extent of anger expression management) (Fernandez, Day, & Boyle, 2014). The inability to regulate anger cognitively versus the capability to regulate anger distinguishes maladaptive anger from adaptive anger respectively (Wongtongkam, Ward, Day & Winefield, 2016). Novaco (2011) differentiated maladaptive from adaptive anger by its elevated frequency, high intensity, prolonged duration, and mode of expression (aggression and violence).

### **1.5 Significance of the study**

There seems to be limited empirical research exploring the phenomenon of maladaptive anger. The lived experiences of the children aged between 11-14 years expressing anger maladaptively and the contributing factors in the Namibian context seem to be vastly understudied. It is envisaged that the study will theoretically contribute to the risk factor knowledge of maladaptive anger in adolescents. It will expand the understanding of the phenomenon of maladaptive anger for adolescents, thus, yielding useful data for developing better preventative and remedial intervention strategies. Effective intervention

strategies based on increased understanding on how maladaptive anger is uniquely understood and experienced by children aged between 11-14 years and what factors risks manifestation of maladaptive anger could address its consequences in educational, clinical, forensic and family services in the Namibian society.

### **1.6 Limitation of the study**

A limitation may be that data was only collected from a sample of eighteen participants whom are uniquely part of the communities surrounding the area of the educational setting and therefore application of findings may be limited within the array of ethnicity, culture, and socio-economic difference extant in Namibia. Also the findings of this research rely on the subjective views, narratives and experiences of the participants and the researcher's own frame of reference.

### **1.7 Delimitation of the study**

The researcher limits this study to the exploration of the phenomenon of maladaptive anger in terms of how it is experienced and what the risk factors are. It is restricted to a sample of eighteen children aged between 11-14 years that expressed maladaptive anger according to the school records. The study only applies to an educational setting, A. I. Steenkamp Primary School in Windhoek, Namibia. The study is further delineated by the qualitative approach and interpretative phenomenological design focussing on the lived experiences of the participants about their experience and understanding of maladaptive anger.

## **1.8 Summary**

This chapter introduced the background of the study in terms of adolescent maladaptive anger and clarified the significance of the study in the Namibian context. The envisaged limitations and parameters of the study were also addressed in this chapter. The next chapter will review the literature concerning maladaptive anger in adolescents in terms of definition, purpose and risk factors. Furthermore, the second chapter will discuss the theoretical frameworks of this study.

## **CHAPTER 2**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1 Introduction**

This chapter seeks to provide an overview of existing research concerning maladaptive anger in adolescents with regard to their experience and risk factors. In this chapter the researcher also introduces the concept of anger and how it differs from maladaptive anger. Furthermore, the researcher discusses risk factors associated with maladaptive anger. The literature review will provide context to this study and allow for interpretation of existing literature within the background of this research study. This chapter also outlines the theoretical frameworks of the study.

##### **2.1.1 Anger defined.**

Anger as an emotion that is often prompted when one perceives threatening, frustrating or stressful circumstances and environments (Blair, 2012; Kerr & Schneider, 2008). Anger is a multidimensional construct involving the mind, the body and behaviour, thus cognitive, affective and behavioural variables are at play (Gambetti & Giusberti, 2016). The affective component ignites angry feelings, while the cognitive component consists of hostile beliefs towards people and/or events (Gambetti & Giusberti, 2016). The behavioural component concerns the expression of anger whether adaptive or maladaptive and takes the form of physical or non-physical action towards others or self (Gambetti & Giusberti, 2016). According to Sanz, Garcia-Vera, & Magan (2010) anger is a subjective emotion that could be defined as an affect fluctuating in intensity from slight frustration and moderate aggravation to rage or fury. Anger is

understood to be a psychobiological process associated with a high psychophysiological (interaction between the mind and body) activation (Sanz et al., 2010). According to Blair (2012) it is difficult to describe anger as an experienced emotion, as an account of the conscious experience of the anger is often not available. Anger thus seems to be the fundamental demonstration of reactive aggression towards the object perceived as the source of the threat and/or frustration (Blair, 2012).

### **2.1.2 Anger in early adolescence.**

In children and early adolescence anger is an emotion that is often a precursor of aggression, violence and other behavioural problems (Carlozzi et al., 2010). According to Down et al. (2011), anger experienced by adolescents manifest mostly in familiar interpersonal contexts with expression of anger towards parents, teachers, peers and siblings. Kerr and Schneider (2008) distinguish between anger-in (internalized anger not expressed due to cultural guidelines and/or fear for damaging relations and reputation) and anger-out (externalized anger due to immature developmental regulatory systems) in adolescents. Anger exposes children and teenagers to peer rejection risk which resultantly leads to poor school adjustment and dropping out of school, ineffective problem-solving skills and higher rates of psychiatric problems (Takrousta & Koolae, 2016).

### **2.1.3 Purpose of anger.**

Anger is a normal human reaction to challenges such as unfair treatment or insults to one's integrity (Thomas, Bannister, & Hall, 2012). According to

Thomas et al. (2012) anger, when used constructively, can serve the purpose of restoring justice, respect and relationships. It can also be used to rectify situations of inequality in any context (Thomas et al., 2012). The purpose of anger lies within its adaptive functions which includes to fuel persistence and determination in the face of frustration or injustice, to provide energy and momentum when survival are threatened and to act as a keeper for one's self-esteem, to increase personal resilience and to provide determination to overcome obstacles to personal happiness (Novaco, 2003).

#### **2.1.4 Maladaptive anger.**

Muris, Meesters, Morren, and Moorman (2004) defined maladaptive anger as an “affective experience” ranging from concentrated annoyance to full-blown rage. Maladaptive anger is experienced on a personal level as an intense sensation of antagonism, focussed towards a source of a perceived aversive event (Novaco, 2011). Novaco (2011) postulated that definitionally maladaptive anger is a destructive emotion. Novaco (2011, p.661), concluded “that anger is problematic when dysregulated, that is, its activation, expression, and experience occur without appropriate controls”. Caprara, Paciello, Gerbino, & Cugini (2007) substantiated this notion of maladaptive anger as essentially self-control reduces maladaptive anger and development of self-regulation promotes self-control. Caprara et al. (2007) further indicate that the development of self-regulation is aligned with the human developmental trajectory, therefore, as developmental stages are successfully negotiated by children, their self-regulation

function grows. In essence, with age cognitive and social functions increase assisting individuals to resolve and/or avoid conflict, thus diminishing maladaptive anger (Caprara et al., 2007).

Novaco (2011, p. 657) emphasized the complex nature of maladaptive anger as follows: “There is far less clarity phenomenologically than there is definitionally”. “When seeking to access anger..., the probe hits upon the admixture of emotions and schemas within which anger is nested”. Novaco (2011) expressed that the terminological entanglement of “aggression”, “hostility”, and “anger” diminishes the comprehension of anger as an emotion and as a dynamic risk factor for violence and, that resultantly the significance of maladaptive anger has been inadequately prioritized. Understanding and accessing anger is further complicated by its entanglement with other distress emotions such as shame, sadness, disappointment and fear (Novaco, 2011).

## **2.2 Stress and coping as risk factors**

Pullen et al. (2015) conducted a study on 139 adolescents aged from 12-19 years belonging to a south-eastern Baptist church in United States of America to gain insight into risk factors or triggers of maladaptive anger. These researchers stipulated that violent behaviours range from bullying and verbal abuse to physical engagement, rape, homicide and suicide (Pullen et al., 2015). Adolescents are seen as adaptive systems interacting with their environment, processing incoming information through interaction, and delivering an output (behaviour) continuously on a daily basis (Pullen et al., 2015). According to

Pullen et al. (2015) the resultant output, whether adaptive or maladaptive, is influenced amongst other by maturation level and coping strategies. The study of Pullen et al. (2015) explored the relationship between maladaptive anger and gender, stress, parental alcohol use, depression and religious/spiritual practices in adolescents. Significant correlations were established between maladaptive anger, stress and depression in children aged between 11-14 years (Pullen et al., 2015). The study also found that religious/spiritual practises seem to counter maladaptive anger in adolescents (Pullen et al., 2015). Parental alcohol use appeared to increase anger feelings in adolescents, however there was no statistical evidence that shows that parental alcohol use can be considered as a risk factor for maladaptive anger (Pullen et al., 2015).

Hampel and Petermann (2006) also studied stress and coping in relation to maladaptive behaviour using a sample of 286 Austrian adolescents. It was found in this study that stress escalates with chronological age and that the fifth graders reported a more adaptive coping strategy than sixth and seventh graders (Hampel & Petermann, 2006). The study also found that a more adaptive coping style related to fewer anxiety/depression and aggression problems (Hampel & Petermann, 2006). From these studies one could thus conclude that stress and coping are indeed risk factors to maladaptive anger and as children mature, their stress levels increase and adaptive behaviour decreases.

### **2.3 Gender differences**

Maladaptive anger and gender differentiation in adolescence is illustrated by a study where maladaptive anger was not only perceived as the expression of



externalizing anger, such as physical bullying and physical aggression, but also the expression of internalizing anger such as indirect relational aggression (Card, Stucky, Sawalani, & Little, 2008). This type of expression of maladaptive anger (indirect relational aggression) focusses on covertly attacking the victim's self-image or social status through manipulation and other non-physical acts (Card et al., 2008). One hundred and forty eight studies varying in sample size, utilizing mostly self-reports and teacher-reports as measurements were meta-analysed by Card et al. (2008). Findings show that male adolescents seem to enact more physical overt maladaptive anger than their female counterparts, however, it does not support the popular belief that female adolescents enact more in non-psychical covert maladaptive anger behaviour (Card et al., 2008). This seems to support the supposition of Pullen et al. (2015) who studied the risk factors of maladaptive anger on 139 American participants aged between 12-19 years of age. Pullen et al. (2015) also found no significant statistical difference between boys or girls when experiencing and expressing maladaptive anger.

## **2.4 Adverse environments as a risk factor**

Adverse family and societal environments refers to environments whether in families or in the broader society that are harmful or unfavourable to the development of the children exposed to these adverse environment (Repetti, Taylor, & Seeman, 2002). Repetti et al. (2002) considered adverse family environments characterized by elevated levels of conflict and aggression. According to Repetti et al. (2002) these environments are without acceptance and affection and are environments which are cold, unsupportive, and neglectful. Repetti et al. (2002, p.332) specify “emotional neglect of children; parenting that

is unresponsive or rejecting; a lack of parental availability for, involvement in, and supervision of child activities; a lack of cohesiveness, warmth, and support within the family; and an experience of alienation, detachment, or feelings of lack of acceptance by children” as adverse environments in the family context.

#### **2.4.1 Parental Neglect.**

Neglectful parenting refers to home environments where parents are absent emotionally and/or physically with inadequate parental knowledge about and supervision of adolescents’ activities (Repetti et al., 2002). It also refers to parents that are indifferent and/or rejecting and not available or involved in the lives of their offspring (Repetti et al., 2002). Families with these characteristics create adverse environments which expose their children to feelings of rejection and subsequent externalisation of behaviour including maladaptive anger (Repetti et al., 2002). Repetti et al. (2002) in their study found that parental neglect produces susceptibilities and/or compromise genetically based vulnerabilities in children exposed to these adverse environments. The production of vulnerabilities or interaction with genetically based vulnerabilities in the children exposed to these adverse environments interferes in emotion processing, social competence and regulatory systems of the children (Repetti et al., 2002). In essence underdeveloped and/or interrupted development of self-regulatory systems and emotion processing are the frontrunners of maladaptive anger (Caprara et al., 2007; Novaco, 2011; Repetti et al., 2002). Therefore parental neglect is regarded as a risk factor of maladaptive anger (Repetti et al., 2002).

A Namibian study was done by Women's Action for Development (WAD), University of Namibia, & Namibian Prison Service (2006) with 200 perpetrators (ages ranging from 17 years and older) of violent crimes against children and women as the research participants. The study concluded that the crimes the participants committed were a result of parental indifference, insufficient parental involvement and parental neglect (WAD/Women's Action for Development et al., 2006). Parental neglect in Namibia might often be the result of economic pressure where single parents are forced to earn a living away from home and have no time to significantly involve themselves or supervise children (WAD/Women's Action for Development et al., 2006).

Paternal absence also correlates positively with maladaptive anger in children aged between 11-14 years as it also influences attachment (Jones, 2008). More often than not the primary attachment figure of the infant is likely to be the mother, however, absent fathers impact attachment directly (where the father is the primary caregiver) and indirectly (when father absence disrupts mother-infant attachment) (Jones, 2008). "The loss of the father in the first year of life can disrupt the mother's ability to become immersed with the infant" (Jones, 2008, p.46). The indirect influence of paternal absence on mother-infant attachment results in insecure attachment, resulting in anger in children aged between 11-14 years towards the attachment figure, self and others (Konishi & Hymel, 2014). "This absence of fathers, combined with an often tenuous mother-child

relationship manifest in poor self-object differentiation, low self-esteem, poor social functioning, dysregulation of affect and explosive aggression” (Strauss, 2013, p. 123). Botere (2012) found that the parental neglect or abandonment of children can transmit a message of rejection which can have negative effects similar to an act of violence. Furthermore as violence engenders violence, the anger of abandonment culminates into an angry, aggressive and at times a violent child and adult (Botere, 2012).

#### **2.4.2 Childhood abuse and trauma.**

Childhood abuse constitutes adverse childhood environments or experiences and includes psychical, emotional (psychological) or sexual abuse (Chapman et al., 2004). Childhood abuse includes any act that is indifferent or negligent and that cause physical and/or mental harm to a child (Rostami, Saadati, & Ghezelseflo, 2015). Childhood abuse, as an adverse situation, is a particular concern in Namibia where for the period of April 2013 to March 2014 a total of 814 Namibian children were abused either physically and/or sexually (Nunuhe, 2014).

Childhood abuse results in maladaptive anger as affirmed in the study by Thomas et al. (2012, p. 178) in which it is stated that “much of the angry emotion was evoked by the abusers’ violations of their personhood and/or failure to protect them from harm”. Childhood abuse causes trauma in children and interrupts their development of emotion procession and regulation (Chapman et al., 2004). Anger inhibitors in childhood abuse and consequent trauma are compromised and thus maladaptive anger is one of

the most pervasive emotional consequences of childhood sexual abuse (Thomas et al., 2012). Externalizing behaviour including experiencing and expressing maladaptive anger is a consequence of an inability to process and regulate emotions (Chapman et al., 2004; Novaco, 2011).

A study by Rostami et al. (2015) validates the notion that childhood abuse as a factor of an adverse environment contributes to maladaptive anger. Rostami et al. (2015), in their Iranian study, investigated the relationship between child abuse and coping styles with stress and early maladaptive schemas and found a significant link between childhood abuse and early maladaptive schemas. These early maladaptive schemas include amongst others being imperfect or an embarrassment, and being incompetent with regard to compliance and obedience (Rostami et al., 2015). At any time during the developmental trajectory of an abused child s/he may experience arousal of these maladaptive schemes which activates emotions of fear, grief, embarrassment and anger which in turn leads to externalizing behaviour (maladaptive anger) (Rostami et al., 2015).

#### **2.4.3 Exposure to violence.**

One of the factors that contribute to these environments being adverse is the recurrent exposure to violence. In Namibia several studies have found that domestic violence is frequently witnessed by children in the home and community (LAC, 2012). United Nations International Children's Emergency Fund (UNICEF) in 2006 commissioned a study involving 850 children in three Namibian regions (Kavango, Ohangwena and Omaheke)

and found that more than 20% of the 10-14-year olds (318 in total) surveyed had seen their father beating their mother; about 12% had seen their mother beating their father; and 16% had witnessed a parent being threatened with a gun. This pattern of children being exposed to violence in Namibia was validated by a 2007/2008 SIAPAC study where 52% of the adults injured by intimate partner violence during the year prior to the survey reported that children had been present at the time of violence.

Odgers and Russell (2017) examined 151 American adolescents to determine whether daily exposure to violence increases risks for future behavioural problems. These researchers interacted daily with the adolescents who were frequently exposed to violence and who displayed mental health symptoms. The study showed that these adolescents were more likely to present maladaptive anger on the days that they were exposed to violence.

Fowler, Tompsett, Braciszewski, Jacques-Tiura, and Baltes (2009) did a meta-analysis on the effect of exposure to community violence on children and adolescents. These researchers found that exposure to community violence predicted the display of maladaptive anger. The results of this study also indicate that due to the fact that aggressive behaviour is seen as a normal and probably the only way to resolve conflict and solve problems, violence exposure may disrupt management of behaviour to a greater extent than affect regulation (Fowler et al., 2009). Fowler et al.

(2009) also proposed that maladaptive behaviour, including maladaptive anger, could be the result of modeling of violence.

Sigfusdottir, Farkas, and Silver (2004) researched the relationship between family conflict, psychological distress in the form of anger and depressed mood, and delinquent behaviour. A survey of 7758 ninth and ten graders in Iceland confirmed the hypothesis that exposure to family arguments and violence is positively related to feelings of anger and depressed mood among adolescents (Sigfusdottir et al., 2004). Sigfusdottir et al. (2004) found that anger in adolescents is used to mediate the effect of family arguments and violence. Thus, in essence, the conflict and aggression experienced in a family setting by adolescents models maladaptive anger and subsequently leads to them engaging in the exact display of maladaptive anger with family members and peer interactions.

Similar results were found in a study done by Flannery, Wester, and Singer (2004) with regard to exposure to peer violence. The study focused on the effect of being exposed to violence in educational settings on adolescents in Cleveland, Ohio, Denver and Colorado (Flannery et al., 2004). The results of this study indicated a significant correlation between violence exposure and self-reported levels of anger and aggression (Flannery et al., 2004). These results of Flannery et al. (2004) were confirmed by the results of a study of Ferguson, San Miguel and Hartley (2009) who also found exposure to peer maladaptive anger and violent behaviour as the most constant predictor of adolescent maladaptive anger.

## **2.5 Modeling of behaviour as a risk factor**

Human beings learn how to behave through observing others' behaviour, their attitudes, and consequences of such behaviours (Bandura, 1977). According to Social Learning Theory (Bandura, 1977), these observations are evaluated, stored and retrieved cognitively to act as a guide in one's own future actions. Parents, siblings, family, educators and basically all types of human interaction model behaviour to adolescents and resultantly influence how they behave in future (Bandura, 1977). Anger reactions can be learned through modeling by observation, memories of such reactions, mental rehearsal of reactions and the rewarding of reactions to anger (Bandura, 2011; Bandura, 1973).

Wolf and Foshee (2003) researched how modeling of family behaviour influences children aged between 11-14 years with regard to maladaptive anger, violence and dating violence. Adolescents who have been exposed to family violence have inadvertently been exposed to maladaptive anger expression (Wolf & Foshee, 2003). Results from this study of Wolf and Foshee (2003) showed that exposure to family violence is positively associated with maladaptive direct anger expression. In essence it means that adolescents exposed to violence modeled the behaviour (Wolf & Foshee, 2003). Modeling of violent behaviour is an unconscious activity and therefore adolescents spontaneously act out the modeled behaviour (Wolf & Foshee, 2003). They may consciously prefer to be different than the parent/peer who is/was violent, but since they may not have been exposed to adaptive anger expression, they would therefore only display behaviour what they have seen (maladaptive anger) (Wolf & Foshee, 2003). The results by Wolf and Foshee (2003) can be used



meaningfully in interventions by deliberate exposure to adaptive anger expression. Since modeling of negative behaviour (maladaptive anger, aggression and violence) has the effect of engaging in negative behaviour, modeling should deliberately be used to model positive behaviour (adaptive anger) (Ferguson et al., 2009; Wolf & Foshee, 2003).

## **2.6 Insecure attachment and maladaptive anger**

The study of Muris et al. (2004) emphasized the importance of family environment factors such as attachment style and parental rearing and its relationship with adolescent maladaptive anger. A sample of 441 adolescents participated in the study in which self-reported questionnaires measuring attachment style, parental rearing and anger/hostility were completed. The research study of Muris et al. (2004) found that avoidant/ambivalent attached adolescents exhibited greater degrees of anger/hostility than securely attached adolescents. A positive correlation was found between increased degrees of parental rejection and high levels of anger/hostility (Muris et al., 2004).

The attachment perspective was also studied by Konishi and Hymel (2014) as a risk factor of adolescent maladaptive anger. Based on Bowlby's (1988) theory that parental relationships impact the development of negative emotions, like maladaptive anger, the study of Konishi and Hymel (2014) focussed on current parent-adolescent attachment and its relation to maladaptive anger. Self-report measures based on dimensional structures of anxiety and avoidance (insecure attachment) and intensity of anger as well as expression of anger were used on 776 adolescent participants (Konishi & Hymel, 2014). Findings suggested that

adolescents with high levels of attachment anxiety and avoidance also conveyed more forceful anger (maladaptive) and elevated internalized and externalized anger expression (Konishi & Hymel, 2014).

## **2.7 Theoretical framework**

The theoretical frameworks employed to interpret the narratives of the participants in the current study are attachment theory and social learning theory. Both attachment theory and social learning theory are substantial in providing structure to understanding the phenomenon of maladaptive anger in adolescents. Attachment theory provides a framework to interpret adolescent behaviour while social learning theory provides rationales for the phenomenon of maladaptive anger in adolescents.

### **2.7.1 Attachment Theory.**

Attachment theory is significant in understanding and predicting adolescent behaviour, including maladaptive anger, and is therefore considered in this study as a theoretical framework. According to attachment theory the attachment relationships with caregivers are fundamental in understanding adolescent developmental issues and predicting socio-emotional adjustment in adolescents (Rholes, Simpson, & Orina, 1999). John Bowlby (1973) developed the concept that internal working models of relationships are established through early attachment of children to caregivers. In cases where the caregivers were loving and reliable, secure attachments are formed with an internal working model of the self as loved and valued and others as being loving and caring

(Bowlby, 1973). In the case of rejecting and indifferent caregivers, insecure attachments are established with an internal model of self as rejected and unloved and others as rejecting and cold (Bowlby, 1973). According to Bowlby (1973), the association between anger and attachment should be especially strong in adolescents with a history of insecure attachment.

Ainsworth, Blehar, Waters and Wall (1978) adapted Bowlby's conceptualisation of attachment and developed a study termed the "Strange Situation". Ainsworth et al. (1978) identified three major attachment styles, namely, secure attachment, anxious-ambivalent attachment, and avoidant attachment. In essence avoidant attachment infants do not seek contact with the attachment figure when distressed, anxious-ambivalent attached infants are difficult to soothe and are not comforted by interaction with the attachment figure whilst secure attached infants are easily soothed by caregivers' presence (Ainsworth et al., 1978). This is significant as in terms of attachment, individuals seem to form representational models of who they are and who others are which in turn influence later life experiences (Ainsworth et al., 1978; Bowlby, 1973).

With regard to maladaptive anger Mikulincer (1998) has found that when anger-provoking situations are imagined, highly ambivalent attached persons report less constructive goals and more difficulty controlling their anger. When highly avoidant attached persons are faced with anger provoking imaginations they report less constructive goals, greater

hostility and less awareness of the degree of physiological arousal. It can thus be derived that highly ambivalent and avoidant persons appear to display more maladaptive anger (Mikulincer, 1998).

### **2.7.2 Social Learning Theory.**

Social learning theory is considered as a theoretical framework to explore maladaptive anger in adolescents as it focuses on the learnt behaviour that occurs within a social context (Huang, Kosterman, Catalano, Hawkins, & Abbott, 2001). Social learning theory as a framework therefore explains the substantial context of behaviour (Brauer & De Coster, 2015; Huang et al., 2001). This is of particular importance to understanding maladaptive anger in adolescents as their social context increases and grows to be a vital part of their identity during this life phase (Rueth et al., 2017). Social learning theory also attempts to explain the intergenerational transfer of violence and how violent family behaviour increases the risk of an adolescent developing maladaptive anger (Hyde-Nolan & Juliao, 2012)

Albert Bandura's (1973) social learning theory states that humans learn by watching the behaviors of others and the rewards or punishment associated with those behaviors. Thus from a social learning perspective, learning is defined as creating the capacity to demonstrate different behaviour that occurs as a result of observing others (Bandura, 1973). For social learning to take place conditions of attention, retention and motivation need to be present (Bandura, 1973). The vicarious nature of social learning theory allows the behaviour to be incorporated by others even when there seems

no direct reward for such behaviour (Bandura, 1977). According to Bandura (1977) one can even incorporate behaviour based on what we perceived the reward to be for others expressing such behaviour.

In order for modeling of behaviour to occur there also needs to be attention directed to the behaviour that will be modeled, memory of that behaviour and motivation to copy that specific behaviour (Bandura, 2011; Bandura, 1973). Family, peers, educators and the society at large all demonstrate behaviour that can be modeled by adolescents. This is especially a reality for adolescents since their world is broadened due to increased social exposure (Brauer & De Coster, 2015; Rueth et al., 2017). Gerrig and Zimbardo (2008) emphasized variables that determine how much influence a model will have on an observer, namely the status of the model and the similarity of the model. The status of the model as a variable refers to the model being perceived positively, liked, and respected (Gerrig & Zimbardo, 2008). These models normally are older or more powerful and are more apt to influence observational learning such as young adults, parents, family members and older men and women of society (Gerrig & Zimbardo, 2008). In terms of similarity of the model the perceived similarities between the model and the observer allow the observer to “see” themselves exhibiting these behaviours such as in the case with peers (Gerrig & Zimbardo, 2008)

Social learning theory is a significant theory with regard to maladaptive anger as it proposes that the nature of learning is simplified by observation

and through modeling (Bandura, 1977). As children frequently learn aggressive dissolution of conflict through imitation of adults and peers, this second hand learning of maladaptive anger seems to become incorporated in future behaviour especially when there seems to be either intrinsic or extrinsic incentives for such behaviour (Bandura, 2011). Lack of positive role models and modelling of aggressive behaviour is a primary catalyst for aggressive behaviour in young people (Bandura, 2011).

## **2.8 Summary**

This chapter discussed literature in terms of previous research findings regarding maladaptive anger in adolescents. It focussed on the review of literature that studied anger and its purpose in relation to maladaptive anger as well as risk factors of maladaptive anger. It proposed certain variables defined by research literature such as stress and coping, gender, adverse environments (parental neglect, childhood abuse and trauma and exposure to violence), behaviour modeling and insecure attachment that seems to be related to maladaptive anger. These variables were found to influence early adolescence in such a way that it contributes to maladaptive anger experience.

In addition chapter two also introduced the theoretical frameworks of the study. The next chapter will highlight the research methodology and will address the research approach and design, the setting and sample, the research procedure and instruments, data analysis as well as research ethics.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHOD**

#### **3.1 Introduction**

The research design and method of the study is presented in this chapter with the discussion focused on the selection of research approach and design, setting and sample, research procedure and instruments and data analysis. The aim of the chapter is to provide an understanding and justification of the research methodology utilized in this study. The research ethics that the study adhered to are also highlighted in this chapter.

##### **3.1.1 Research design.**

In order to explore and understand the associated risk factors of maladaptive anger in adolescents, this study was approached from a qualitative research perspective. A qualitative research approach is used to explore and understand the meaning people ascribe to a phenomenon and to integrate the social perspective of the population in question (Creswell, 2014; McCusker & Gunaydin, 2015). When using a qualitative approach the researcher makes knowledge claims based primarily on the multiple meanings of individual experiences (Creswell, 2014). According to Levitt et al. (2018) qualitative research is driven by induction and involves a repetitive process of inferences to identify patterns within a phenomenon towards understanding of the phenomenon.

The objectives of this research study were to explore and understand the associated risk factors of maladaptive anger in adolescents within the

context of experiencing the phenomenon. Therefore a qualitative research approach was used as it facilitated understanding of the meaning the participants ascribes to maladaptive anger as well as their perception and experience of it. The ability of a qualitative approach to through the process of inferences identify patterns, enabled this study to distinguish possible risk factors associated with maladaptive anger. Since a qualitative research approach accesses the subjective world of its population, it served this study well in its quest to discover not solely the risks factors of maladaptive anger but also the rich context of the lived experience of maladaptive anger.

An interpretative phenomenological analysis design was used for this study. The central concern of an interpretative phenomenological analysis design is the subjective conscious experiences of individuals (Eatough, Smith, & Shaw, 2008). Interpretative phenomenological analysis (IPA) acknowledges the fact that it is intricate to access an individual's lifeworld directly. Therefore, the meaning of experiences necessitates interpretative activity for both the participant and the researcher (Eatough et al., 2008). An interpretative phenomenological analysis aids the qualitative approach in exploring the meaning that participants ascribe to the occurrence of a phenomenon, their perceptions about it and their experiences of such phenomenon by examining the participants' lived experiences (Creswell, 2014). Interpretive phenomenological analysis also is useful as it extends beyond describing the fundamental concepts and principles of the examined phenomenon (Lopez & Willis, 2004).



The primary goal of utilizing the interpretative phenomenological approach was to explore how participants made sense of their experiences with regard to maladaptive anger, how they understood maladaptive anger and their attitudes about maladaptive anger. The interpretative phenomenological analysis design allowed for the assumption that the participants are human beings capable of actively interpreting the events, objects, and people in their lives (Pietkiewicz & Smith, 2012). The use of the interpretive phenomenological analysis design in particular illuminated the participants' own unique lifeworld and thus enhanced the richness of the study of maladaptive anger of adolescents as it reached for in-depth understanding of lived experiences beyond concepts and principles of the phenomenon.

### **3.1.2 Setting and Sample.**

This study was conducted at A. I. Steenkamp Primary School in the Khomas region, Windhoek, with a total population of 1491 learners. Windhoek, as the capital city of Namibia, has great income disparity (Aulagnier et al., 2011). Based on affordability in terms of housing and living cost, Windhoek is socially divided into socio-economic hierarchies where certain residential areas are more affluent and others less affluent to marginally poor (Aulagnier et al., 2011). Resultantly, different primary schools in these different residential areas serve different socio-economic communities (UNICEF, 2015; WHO, 2011). The residential area that A. I. Steenkamp Primary School is situated in is a very low income area and

therefore the learners at this school comprise of a more socially compromised socio-economic community. Learners from A. I. Steenkamp Primary School are more often than not coming from harsh social backgrounds where social exclusion and deprivation is a reality. Even though A. I. Steenkamp Primary School, with government assistance and private aid, attempt to relieve the burden of poverty through feeding and clothing schemes it does not significantly impact the hardship of its learners and community. This deprivation promotes anger in learners as their basic needs are not met satisfactorily.

The target population was learners aged 11-14 years who displayed maladaptive anger as indicated by disciplinary records kept by the school. A sample of 18 learners was selected using a non-probability purposive sampling technique. Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases (Creswell, 2014). This technique of sampling, in contrast with probability sampling, is more aligned with the qualitative research approach that seeks depth of understanding of the phenomenon (Creswell, 2014). The non-probability purposive sampling technique was utilized as it was found to be a useful tool in identifying and selecting the participants that experienced maladaptive anger. For this study the sample was purposely selected by studying the disciplinary records kept by the school and selecting children between the ages of 11-14 years that seemed to be experiencing maladaptive anger. Using the non-probability purposive sampling technique also enhanced the probabilities that the sample

consisted of participants who have profound information and experience with maladaptive anger that could be explored and from whom meaningful interpretations could be inferred.

### **3.1.3 Research Instruments.**

A biographical questionnaire and a self-designed interview guide consisting of open-ended and closed-ended questions were administered through a semi-structured interview. The biographical questionnaire was used as a data source to collect detailed information about the participants' personal and social information (Züll, 2016). Examples of questions in the biographical questionnaire included name, surname, age, grade and ethnicity as well as whether they lived with biological parents and/or siblings. The interview guide consisted of close ended questions which are defined by only allowing for yes/no, single word answers or predefined response categories (Züll, 2016). Examples of close-ended questions that were included in the interview guide were “did you ever feel anger like that” and “do you also argue or fight with the people that makes your friend/s angry”. Open-ended questions in the interview guide encouraged a more meaningful response exploring the participants' own experiences and affect (Züll, 2016). It included questions like “when do you get angry at your mother and why” and “what happens to your body when you get angry”. The semi-structured interview refers to a process of interviewing that allows for a natural flow of conversation where the interviewer, whilst guided by a set of questions, may explore unexpected themes or ideas brought on by participants (Pietkiewicz & Smith, 2012). Semi-structured

interviews also give rise to an opportunity to engage in conversation in real time as well as flexibility for unique and unanticipated issues to arise (Pietkiewicz & Smith, 2012). Thus, the semi-structured nature of the interviews allowed the researcher to explore how the participants experienced maladaptive anger and how significant situations, events and emotions contributed to expression of maladaptive anger.

Building rapport and gaining trust of the participants was crucial to the success of the one-on-one interviews. The researcher applied active listening skills and exercised the skill to pose open-ended questions without hidden suppositions. Posing questions without hidden suppositions enabled the researcher to observe whether participants were avoiding certain issues, feeling uncomfortable or whether participants became emotional (Pietkiewicz & Smith, 2012). These observations allowed the researcher to meaningfully interpret the behaviour in terms of research questions. The researcher also used these observations as a gauge of participants' wellbeing to ensure that no harm is done. Depending on these observations the researcher either addressed painful issues delicately or suspended the interview and arranged for counselling.

#### **3.1.4 Research Procedure.**

Ethical clearance was obtained from the University of Namibia prior to commencement of the study (copy attached as Appendix "A"). Subsequently, approval was obtained from the Ministry of Education, Arts and Culture, the Regional Director of education in the Khomas region and

the principal of the school to conduct the study at A. I. Steenkamp Primary School. Informed consent from parents and assent from the children aged between 11-14 years were also obtained prior to data collection. One-on-one interviews were conducted and audio recorded as all the participants assented to the voice recordings. English as a language was used to conduct the interviews. English is the official language of Namibia and also the medium of instruction at A. I Steenkamp Primary School language barriers did not constitute a problem in terms of data collection. Participants were encouraged to use the Afrikaans language if they felt it would better convey expression. The researcher's awareness of participants speaking different home languages made it possible to explore the participants' inherent understanding of certain constructs such as anger, stress and sadness amongst other. The interviews were executed in a secure office on the school premises that allowed for privacy and confidentiality. Interviews were conducted after school hours to refrain from interfering with the academic program of the school and the participants.

### **3.1.5 Data analysis.**

All audio recorded data was transcribed verbatim and data was analysed using an established methodological framework, i.e. Interpretative Phenomenological Analysis (Pietkiewicz & Smith, 2012). Interpretative Phenomenological Analysis (IPA) was used as it aims to testify to the participants' making sense of phenomena and simultaneously aims to acknowledge the researcher's sense-making (Pietkiewicz & Smith, 2012).

Themes and concept descriptions from the transcribed data were phenomenologically evaluated and interpreted and afterwards validated by revising the data. The researcher's active awareness of own fundamental values and biases were applied in order to increase the validity of the research (Creswell, 2014).

The first stage of the data analysis process involved immersion of the researcher in the data. This assisted the researcher in recalling the mood impressions of the interviews. This stage also involved engagement in active listening to acquire insights into the experiences of maladaptive anger by the participants. The researcher then proceeded to make notes focusing on content, language use, context, and initial interpretative comments (Creswell, 2014; Eatough et al., 2008; Pietkiewicz & Smith, 2012). Thereafter the notes were transferred into emerging themes while still preserving the value of the participants' accounts. This was done by identifying explanatory ideas and coding of these concepts. Concepts were then linked into categories which have similar meanings and that were reflecting patterns relating to the research questions and/or describing the phenomenon. The emerging themes consisted of formulated abstract phrases that reflect psychological conceptualization. The last stage of the data analysis involved identification of connections between emerging themes, making inferences about these emerging themes and the compilation of the findings.

### **3.1.6 Research ethics.**

The purpose of the study and the procedure followed to collect data were explained to the adolescent and his/her parent/s or guardians. Only after these explanations were made the adolescent and parents/guardians were required to make a decision on whether or not they are willing to participate in the research study. The informed consent and assent forms were read and explained to parents/guardians and adolescents whom then signed the consent and assent forms respectively. Specific consent for the recording of participants' voices was obtained on the assent form. All participants were comfortable with their voices being recorded and audio recordings were made of all eighteen interviews.

Ethical considerations such as voluntary participation, anonymity, informed consent, explanation of purpose of study, privacy and confidentiality and no harm to participants was prudently applied in this study. Confidentiality was applied by ensuring that the interview was conducted with only the researcher and participant in the office and only by the researcher analysed the data collected. Anonymity was ensured by the use of pseudonyms and by not publishing identifiable data related to the research project (Creswell, 2014). Raw data will be kept securely for a period of five years and discarded of in a responsible way afterwards.

## **3.2 Summary**

In summary, this chapter reviewed the methodology of the study which included the research approach and design, the sample and setting, the research

instruments and the procedure, the data analysis utilised in the study as well as research ethics. The following chapter will consider the findings of the research in terms of how participants experienced maladaptive anger and what the contributing factors to maladaptive anger are with regard to the participants.



## CHAPTER 4

### RESEARCH FINDINGS

#### 4.1 Introduction

The research findings were discussed in this chapter by focussing on the descriptive analysis of the sample in terms of age, sex, grade, ethnicity and home language. Emerging themes developing from the data analysis in terms of how participants experienced maladaptive anger and the risk factors of maladaptive anger would then be identified and considered.

#### 4.2 Descriptive Statistics

Participants	Age	Sex	Grade	Ethnicity	Home Language
1	14	Female	5	Caprivian	Afrikaans/English
2	11	Female	6	Tswana	Afrikaans/English
3	12	Male	5	Damara	Afrikaans/English/Khoekhoegowab
4	14	Female	7	Nama	Afrikaans/English/Khoekhoegowab
5	12	Female	7	Damara	Afrikaans/English
6	13	Female	7	Owambo	Afrikaans/English/Oshiwambo
7	12	Female	7	Nama	Afrikaans/English/Khoekhoegowab
8	14	Male	7	Nama	Afrikaans/
9	13	Male	7	Damara	Afrikaans/
10	13	Male	7	Damara	Afrikaans/
11	13	Female	7	Damara	Afrikaans/English/Khoekhoegowab
12	13	Female	7	Damara	Afrikaans/Khoekhoegowab
13	13	Male	7	Damara	Afrikaans/Khoekhoegowab
14	12	Female	7	Damara	Afrikaans/Khoekhoegowab
15	13	Female	7	Nama	Afrikaans/English/Khoekhoegowab
16	12	Female	6	Damara	Afrikaans/Khoekhoegowab
17	14	Male	7	Damara	Afrikaans/Khoekhoegowab
18	13	Female	7	Damara	Afrikaans/Khoekhoegowab

**Table 1: Descriptive Statistics of Participants**

Of the total participants (N=18), 33.3% were male and 66.6% were female. At the time of the interviews participants ranged between the ages of 11-14 years

with one participant aged 11 years, five participants aged 12 years, eight participants aged 13 years and four participants aged 14 years. The highest percentage of participants (44.4%) were thus aged 13 and the second highest percentage (27.7%) were participants aged 12 years at the time of the interviews. The majority of the participants (77.7%) were in grade 7, while the rest of the participants were in grades 5 and 6. The home languages as reported by the participants were mostly Khoekhoegowab and Afrikaans, with a few of the participants also speaking English in addition to Afrikaans and Khoekhoegowab at home.

#### 4.3 Emerging themes regarding maladaptive anger in adolescents

A detailed interpretative phenomenological analysis of participants' accounts led to several emerging themes that in essence spoke to how participants are experiencing the maladaptive anger phenomenon and risk factors (see Table 2).

KEY THEME 1	KEY THEME 2	KEY THEME 3	KEY THEME 4	KEY THEME 5	KEY THEME 6	KEY THEME 7	KEY THEME 8
EXPERIENCING MALDAPTIVE ANGER			EXPERIENCING MALDAPTIVE ANGER/ CONTRIBUTING FACTOR TO MALADAPTIVE ANGER	CONTRIBUTING FACTORS TO MALADAPTIVE ANGER			
Participants experience anger maladaptively	Participants' somatic experience of anger	Participants' attitude about anger	Beliefs about anger	Loss/lack of personal power	Social Modeling	Relationship between stress and maladaptive anger	Insecure attachment
SUBTHEMES	SUBTHEMES	SUBTHEMES	SUBTHEMES	SUBTHEMES	SUBTHEMES		
Aggression and violence.			Anger as moral judgement	Exclusion perception.	Positive social modeling.		
Damaging relationships.			Anger and rational thought.	Death of a loved one	Negative social modeling.		
Affect entanglement.			Control of anger.	Future uncertainty.	Peer pressure.		
Distress emotions association.			Anger being evoked.				

Table 2: Emerging Themes and Subthemes

These key emerging themes also encompass several subthemes evolving from the key themes (see Table 2). Table 2 also depict the distinction between

emerging themes that relates to how participants experienced maladaptive anger and the contributing factors to maladaptive anger in adolescents. As can be depicted from Table 2, the research question regarding how children 11-14 year old experience anger is associated with the emerging themes of participants experience anger maladaptively, participants' somatic experience of maladaptive anger, participants attitude about anger and participants beliefs about anger. The research question referring to the risk factors of maladaptive anger is associated with the emerging themes of participants' loss/lack of personal power, social modeling, relationship between stress and maladaptive anger, insecure attachment and participants' beliefs about anger.

The key themes that generally emerged from the interviews with the participants of this study with regard to adolescent maladaptive anger are the following:

- Participants experience anger maladaptively
- Participants' somatic experience of anger
- Participants' attitude about anger
- Beliefs about anger
- Loss/lack of personal power
- Social modeling
- Relationship between stress and maladaptive anger
- Insecure attachment

The findings are presented thematically and all of the themes are supported and substantiated with verbatim extracts from the participants' transcripts. These emerging themes were examined within the context of the research questions,

namely, how the participants are experiencing maladaptive anger and what are the factors that contribute to maladaptive anger.

#### **4.3.1 Participants experience maladaptive anger.**

A distinctive theme that emerged was that the participants experienced significant levels of maladaptive anger. Novaco (2003) described maladaptive anger as having the potential to activate aggression and violence and having the potential to damage relationships. Maladaptive anger is also considered when affect entanglement is evident and when it can be associated with distress emotions such as stress, anxiety and fear (Novaco, 2003). Based on the above description of maladaptive anger by Novaco (2003), the participants' account of the anger they experience proves to be maladaptive.

##### ***4.3.1.1 Aggression and violence.***

Maladaptive anger manifests as physical aggression and violence such as hitting, bullying, fighting and non-physical aggression and violence such as threatening, name calling, shouting, and cursing (CDC, 2005). Ten (56%) of the participants expressed maladaptive anger's ability to activate violence and aggression through hurting other (physically and/or non-physically) or by hurting self (physically and/or non-physically). The participants hereunder expressed their feelings and actions when exposed to several scenarios that angered them which conveyed aggression and violence.

“Dory” attest to her maladaptive anger experience by either becoming violent and aggressive towards the origin of her anger, towards herself and towards inanimate objects.

*“I do fight...I can hurt myself..... I will break the things.”*

“Essy” demonstrates maladaptive anger towards the individual, herself and inanimate objects.

*“... and just take anything in front of me and break it... I was very angry and I wanted to cry and I took a glass and hit him with the glass. I’m angry... I feel like fighting ...”*

“Mica” described his experience of maladaptive anger as follows:

*“I wanted to beat him and throw him with something. I was so... I was bad and I wanted to fight again and beat him, and I was so angry...”*

For “Latya” her maladaptive anger leaves her feeling helpless.

*“There’s nothing I can do... I’m just... I want to fight but I cannot, but there’s nothing I can do. Sometimes you just think like killing...”*

“Dissy” expresses intense aggression, violence and violent thoughts towards individuals who seem to be the cause of her anger.

*“...and I just feel like screaming or hitting someone, and sometimes, even I used to, I used to fight. It’s like I want to beat him back and I’ll beat him so hard....”*

*“I actually wanted to beat my sister... and I wanted to beat her against the wall or hang her on something but something was saying don’t and the other one was just saying do it, do it.”*

For “Tila” anger results in physical aggression.

*“Then I’ll just pull[ing] her hair and kick her or something.”*

“Zelly” expresses her maladaptive anger through aggression and violence against others and herself.

*“I felt like killing that person...I’m starting with my uncle, hitting him back with a bottle maybe something like that.”*

*“I’m getting angry and I’m just fighting with the other people I feel like hitting someone or killing them. Like maybe killing myself because if I die, I won’t be in this world and see these things...”*

“El” feels compelled by his anger to become aggressive and/or violent.

*“I start throwing anything at a person, I cannot leave. I don’t know why I cannot leave it.”*

“Shary’s” aggression is initially directed at herself before attempting to express it towards to origin of her anger.

*“I just feel like maybe I should run away or I should kill myself. Then I try to hit the person.”*

“Chris” anger activated aggression towards the individual that angered him.

*“Toe raak ek kwaad ..... Toe begin ek slaan hom. Toe slaan ek hom.” (Then I got angry...then I began to hit him. Then I hit him...)*

The verbatim extracts of the participants’ transcripts above indicate that their anger activated aggression and violence towards themselves, others and inanimate objects. Activation of violence and aggression is one of the tenets that illustrate maladaptive anger. If participants’ anger also includes experience of the other traits of maladaptive anger (damaged relationships, affect entanglement and association of distress emotions) it may be inferred that they experience maladaptive anger.

#### **4.3.1.2 Damaging relationships.**

Due to its capacity to activate aggression and violence, maladaptive anger has the potential to damage relationships with significant others like parents, siblings, family, friends, and

teachers. Research shows that interpersonal relationships are very important to the healthy development of adolescents as the construction of adolescent identities significantly relies on the interpersonal relationships that they experience (Berk, 2013). Despite treasuring these selective interpersonal relations deeply, maladaptive anger's ability to damage these treasured relationships are evident as described by the following participants:

"Dory" describes how the pain of her anger translates into hate which can damage the relationship.

*"...because the pain sometimes also make (sic) myself to get hurt because I hate the person much more ..."*

"Essy's" anger is damaging relations through retaliation by humiliating and ostracizing her friends.

*"I will tell him... I will just look in his body and the mistake I see, I will tell that mistake to that person."*

*"I will just go back and when I find her I find her somewhere I will not talk to her. It can even take a year... I don't care..."*

"Tila" expresses her anger by ignoring her family and friends which could potentially damage relationships.



*“I don’t really speak with them and just leave them... Ja (sic), I won’t speak to them for two days, something like that. Like not hearing, like maybe if they call me...”*

“Danny’s” anger can potentially damage his friendships as he ignores his friends for some time.

*“I don’t speak to anyone...”*

*“I wouldn’t talk to him for a week.”*

“Shary” expresses her anger by isolating/harming her and through the desire to act reckless which could damage the relationship with significant others.

*“I just feel like maybe I should run away.”*

*“I want to use alcohol or smoke or do something dangerous.”*

Even though some of the above expressions of anger may very well be fantasy, it still shows the depth of maladaptive anger. Thus, hating the person, thinking of killing self and/or others and running away from home indicates a level of maladaptive anger that is so severe that the person experiencing it may damage the relationship because of the intensity of the maladaptive anger.

#### **4.3.1.3 Affect entanglement.**

Affect entanglement with regard to maladaptive anger refers to the fact that feelings of pain, sadness, hopelessness,

powerlessness and shame amongst other, often accompany anger (Eatough et al., 2008; Novaco, 2011). The most common display of anger and affect entanglement is the concept of “angry tears”, thus crying while experiencing anger (Eatough et al., 2008). Crying not only brings some measure of release from intense anger but also acts as a control to not engage in aggressive acts (Eatough et al., 2008). Affect entanglement also confuses and diminishes identification of specific emotions as can be seen in the responses of following participants. The participants hereunder experienced anger that is entangled with emotions such as sadness, helplessness and depression.

For “Dory” pain and hurt becomes entangled with her anger.

*“...because the pain sometimes also makes myself (sic) to get hurt ...”*

“Essy’s” anger is entangled with sadness.

*“It makes me want to cry and just take anything in front of me and break it.”*

*“I was very angry and I wanted to cry and I took a glass and hit him with the glass...”*

For “Latya” her anger intertwines with helplessness which then evokes sadness.

*“I’m angry and if my mother yells at me, I’m starting to cry...”*

“Dissy’s” anger is entangled with the feeling of being depressed.

*“I used to fight sometimes if I feel like depressed or anger.”*

“Izzy’s” anger expression seems helpless and entangled with sadness.

*“I just keep quiet. And sometimes I...tears just come out...”*

“Danny’s” expression of anger seems to be an entanglement of avoidance and sadness.

*“Go in and sleep, and cry...I wouldn’t feel well...”*

“Romy’s” anger is also entangled with sadness and isolation.

*“I cry...I don’t talk to the person.”*

“Shary’s” anger is entwined with sadness.

*“Sad and angry at both the same time.”*

Bella expresses anger that is interwoven with helplessness and sadness.

*“I just sit and cry.”*

Affect entanglement where the emotion of anger is interwoven with other emotions such as sadness, helplessness and depression has been expressed by the participants above. If participants’

anger in addition to affect entanglement also includes experience of the other traits of maladaptive anger (violence and aggression, damaged relationships and association of distress emotions) it may be inferred that they experienced maladaptive anger.

#### **4.3.1.4 Distress emotions association.**

Ridner (2004) describes distress as discomforting affective states stemming from emotions that impact a person negatively such as anxiety, stress, depression, and fear. Since maladaptive anger is often a response to a perceived threat and heightened arousal it makes sense for it be associated with other distress emotions. It seems that participants experienced maladaptive anger not in isolation, but also in connotation to other negative affect such as anxiety, stress, depression and fear. The association between maladaptive anger and other distress emotions is expressed by participants hereunder:

“Dissy’s” response to whether she experiences anger when thinking about her future shows an association between anger and fear.

*“It’s like if I fail, if I fail my grade seven. It’s like my life will be over. Or if I pass my grade ten, it’s like I’m gonna (sic) pass eleven. It’s just like the same. So it’s actually just a little frightening...”*

“Shary” also expresses anger associated with anxiety when thinking about her future.

*“But I feel sometimes angry because I think: What if I don’t make it to grade 12? What if, maybe something happens to me? That makes me feel uncomfortable and angry.”*

“Dissy” expresses her belief that intense anger is related to depression when describing a picture.

*“She’s depressed and she’s more angrier (sic) than the boy...”*

“Dory’s” response shows her associating anger with stress.

*R: “So would there be times when you cannot physically fight the person, you would fight other things?”*

*D: “Yes Miss.”*

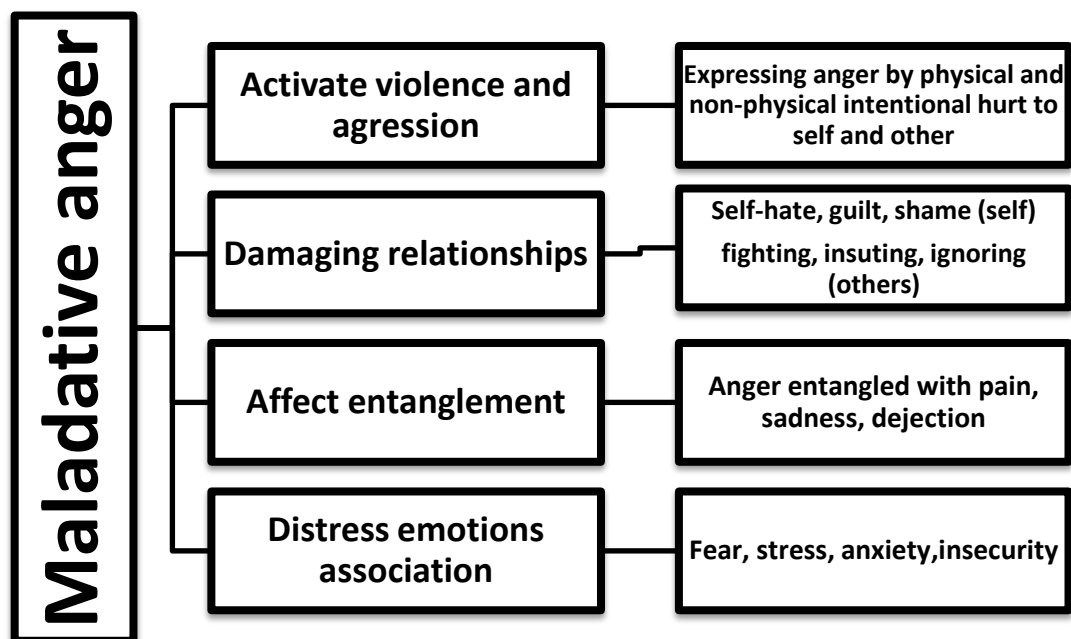
*D: “Like outside the house Miss, I will break the things or hurt myself. If I hurt myself then I will put the stress on the chairs or just one something to... If I just to think, I can fight Miss.”*

*D: “Miss, she must get angry because it was not me who was being saying, it was her who was being saying and she has the right to get angry because they just come out of the blue and insult the person. It’s really stressful...”*

“Mica’s” response shows he is associating anger with stress.

*“It’s like, maybe, if you’re angry and you’re going to stress at other people, scream and those things.”*

The above participants distinctly expressed their anger with undertones of potential damaging affect such as fear, anxiety, stress and anger. This ability of anger to be experienced in conjunction with other potential adverse emotions is yet another trait of maladaptive anger. The verbatim extracts from the participants’ transcripts, Diagram1 hereunder and discussions all seem to support the finding that participants significantly experienced maladaptive anger.



**DIAGRAM 1: MALADAPTIVE ANGER EXPERIENCE**

#### 4.3.2 Somatic experience of maladaptive anger.

Eleven of the participants (61%) experienced maladaptive anger as an emotion felt in their hearts or coming from the heart. Others experienced maladaptive anger as a sensation in other parts of the body. The following fifteen participants express where anger is felt in their bodies and the bodily sensations when anger is present.

*“...from my heart.”*

“Essy”

*“I just feel it in my heart...”*

“Latya”

*“In my heart.”*

“Donny”

*“In my heart.”*

“El”

*“In my heart.”*

“Shary”

*“In die hart...” (In the heart.)*

“Chris”

*“Heart and somewhere else...”*

“Zinny”

*“In my brain...”*

“Bella”

*“In my heart...it’s like I’m sweating and the anger is making my body...like I am on fire, and it’s like burning me from inside...”*

“Dissy”

*T: “In my heart...”*

*R: “So, how does the anger feel? What does the anger do to your body?”*

*T: “...it makes me feel sometimes scared and sometimes very... not like myself.”*

“Tila”

*G: “Shivering...in my hands...”*

“Gianni”

*“Heart...It feels like hitting that person ... my hands are getting stronger and stronger and my heart is paining...”*

“Zelly”

*“My chest was hot...”*

“Danny”

*R.G: “In my stomach.”*

*R.G: “I was nervous.”*

“Romy”



*R.A: "In my heart."*

*R: "What else happened in your body?"*

*R.A: "It was vibrating..."*

"Ray"

The above responses indicate that most participants are able to pinpoint what happens in their body when experiencing maladaptive anger. Maladaptive anger is recognised by the above participants as a bodily sensation mostly present in their hearts, but also in the stomach and hands.

#### **4.3.3 Attitude about maladaptive anger.**

From the verbatim extracts of transcripts of participants it seems that different participants have various attitudes regarding maladaptive anger. Religion plays a central role in how anger is viewed amongst others as seen from the transcript extracts below.

"Dory" expresses her perception of being punished for her experiencing maladaptive anger.

*"...like God is punishing me like that."*

"Mica" expresses that he is being guided not to demonstrate maladaptive anger.

*"But God just told me: 'Just leave these people.' It's not right when you're angry to beat someone."*

“Zelly” expresses her reliance on a Higher Power to lessen the factors contributing to her maladaptive anger.

*“...pray to God so He can stop these teasing.”*

“Latya” expresses her perception of how maladaptive anger conveyed unto an inanimate is preferred:

*“...it’s okay to push a wall but not a person because a wall can stand still but if a person fall...”*

“Bella” expresses how family is safeguarded against maladaptive anger.

*“Because she’s my family and I cannot get angry on them...”*

#### **4.3.4 Beliefs about anger.**

Another theme that emerged from the data is that the participants have certain beliefs about anger. These beliefs include that anger is justified in certain situations (when rules have been broken, when it serve the purpose of protecting self and other and when injustice occurs towards vulnerable self and others). The participants also hold the belief that rational thought is not possible when experiencing maladaptive anger. Furthermore participants believe that anger has an external locus of control and is a construct that is evoked externally.

#### **4.3.4.1 Maladaptive anger as moral judgement.**

The verbatim extracts from the participants' transcripts hereunder summarizes their belief that maladaptive anger serves a moral judgement function. The participants show how their perception of rule violation, injustice and unfair treatment justifies maladaptive anger. It further appears that maladaptive anger is also justified when one needs to defend oneself and when others need protection.

“Dory” expresses that anger is appropriate to rule violation.

*“Because sometimes one of them always does something wrong like say for instance, if one of them always do something wrong like say for instance the woman is told not to go out but she disobeys the man’s rules and the man comes from work and finds the children hungry and starts... And when the woman comes back, just beats the woman.”*

“Zinny” expresses anger about what she regards as immoral.

*R: “...what else makes you angry?”*

*Z: “Boys that are...Boys and girls that are using drugs and girls that are having boyfriends at younger ages...”*

“Essy” expresses that insulting someone is an injustice and can lead to maladaptive anger.

*“Because maybe she was... the kids were maybe saying to her bad things, now she’s angry and she want (sic) to maybe beat someone...”*

“El” is expressing his anger for injustice and violence towards women.

*“Angry... Why is he fighting with a lady like that...”*

“Latya” expresses maladaptive anger on behalf of her friends when they are treated unjust.

*“... I hate when my friends are insulted. I always insult that person.”*

“Zelly” also expresses maladaptive anger at injustice towards others.

*“I will start to attack the person because it will make me very angry, because how can he just come and insult my friend in front of me?”*

“Danny’s” maladaptive anger directed at his grandmother expresses his perception of an injustice done unto him.

*“She didn’t tell me I have the sickness early.”*

“Latya” expresses maladaptive anger at her perception of being treated unjust.

*"I beated (sic) her because I was angry... I got sore and they were laughing at me."*

"Latya" expresses maladaptive anger about others getting hurt.

*R: "So it makes you angry that other people are getting hurt also?"*

*L: "Yes"*

"Tila" also expresses anger about another getting hurt.

*R: "So when you see somebody else getting hurt, you also get angry"*

*T: "Yes"*

"Donny" expressed maladaptive anger against injustice as an indication of his wish to protect his mother against injustice.

*"...my mother and my father was (sic) fighting because my father was drunk and he was looking for food, then he trapped (sic) at my mother. Then I get angry..."*

"Danny's" anger is justified against violence.

*D: "...I wanted to go tell them to stop fighting but the big boys were saying 'don't, leave them to fight'."*

*R: "And how did you feel about that?"*

*D: "So angry..."*

“Romy” expresses her anger against injustice towards the vulnerable.

*“When I see a big person or boy taking a small child’s thing or beating the small child...”*

“Ray” expresses anger towards injustice towards others and self.

R: *“What makes you really angry?”*

S: *“If people fight.”*

R: *“... and what else?”*

S: *“...and insulting each other.”*

S: *“If a boy come and touch (sic) my body...”*

“Shary” expresses her anger against injustice towards the vulnerable.

*“Seeing children bumped or killed every day or hearing a woman was raped... a child was raped...”*

“Chris” expresses his anger against injustice towards his family that needs protection.

*“So is my neef ... Hy is agtien jaar out. Hy drink elke en baklei hy met die mense. Die huis se mense...Ek voel net angry...” (It’s my cousin...he is eighteen years old. He drinks and fight with the people...the people at home...I just feel angry...)*

“Dory” expresses justified anger at people she cares for who are not caring for themselves.

*“I’ll get angry when he doesn’t drink his pills. I’ll get angry...his high blood pressure.”*

*R: “So you will be angry because he is not looking after himself?”*

*D: “Yes”*

“Zelly’s” anger is justified against her uncle as she wished to protect her aunt.

*“...Angry sometimes, because my uncle is hitting my aunt without any reasons, that’s why I’m starting with my uncle, hitting him back with a bottle maybe something like that...”*

“Romy’s” anger demonstrates her need to protect others.

*R: “So did it make you angry that she was just standing and not beating the girl back?”*

*R.G: “Yes. Because she was letting someone else hurt her”.*

“Ray’s” anger is against injustice towards those she believes needs protection.

*R: “Did that make you angry that he insulted her father who is dead?”*

*R.A: “Yes”*

“Shary” expresses anger against her friend who wanted to hurt herself.

*R: “So maybe if she had taken her own life and things would’ve been so bad. Does that make you angry?”*

*S: “Yes... It makes me angry.”*

From the participants’ responses above it is evident that they believe that maladaptive anger is justified when there is violence against self or others and when they perceive injustice. The participants respond with maladaptive anger when they perceive rule violation and unfair treatment towards self and others. What also transpires from the above verbatim extracts of participants’ transcripts is the fact that they believe that expressing maladaptive anger to preserve morality is justified. It therefore supports the finding that participants believe that maladaptive anger has an acceptable function of moral judgement.

#### ***4.3.4.2 Maladaptive anger and rational thought.***

Rational thought is linked to the application of positive adaptive responses to conflict in terms of adaptive anger (Novaco, 2003; Thomas et al., 2012). Some participants (28%) expressed the belief that there is no rational thought process conceivable in the event of maladaptive anger arousal. These participants believe that when maladaptive anger is experienced the access to rational thought is obstructed. Thus, in essence, when maladaptive anger



is experienced it is expressed in ways that may be regretted after the fact due to lack of access to rational thought and consequently adaptive responses. The participants' responses below indicate the inaccessibility of rational thought in the face of maladaptive arousal.

"Mica" expresses his belief that no rational thought is possible in the face of maladaptive anger.

*"If you're angry, you can even kill that person..."*

"Latya's" expression of maladaptive anger demonstrates that no rational thought is present.

*R: "So whether the person is smaller, bigger or the same size, you will fight the person?"*

*L: "Yes Miss. Because sometimes you are just angry and your best friend and your sister and someone just comes to talk to you and you're like leave me alone...and you just take a knife and stab that person but you did not also mean to do that. It's the anger that make (sic) you do that."*

"Tila" indicates that she doesn't have rational thought when she is experiencing maladaptive anger.

*R: "So are you saying that when you're angry, that sometimes you don't think?"*

*T: "No Miss. I really don't think..."*

“Gianni” indicates that he does not make rational decisions when he is experiencing maladaptive anger.

*R: “Do you first think about the size of the person or do you just don’t care about the size of the person?”*

*G: “Miss, I don’t care about the...I just fight.”*

“Donny” indicates that he does not make rational decisions when he is experiencing maladaptive anger.

*R: “Before you start fighting do you think about the size of the person? Is the person big? Is the person small? Will I be able to fight the person?”*

*D: “No Miss, I don’t it. I just beat.”*

The above participants experienced maladaptive anger and therefore they were not able to access their rational thought and hence believe from their own experience that it is not possible to think rationally in the presence of maladaptive anger. A society plagued with violence and murders stemming from rage also enhances the belief of these participants that maladaptive anger arousal leaves no room for rational thought.

#### **4.3.4.3 Control of maladaptive anger.**

In addition to the belief that access to rational thought is unattainable when experiencing maladaptive anger, some of the

participants (28%) also believe that maladaptive anger is controlling them. These participants experienced maladaptive anger as some force driving their behaviour as expressed underneath:

“Dissy” indicates that anger controls her.

*“Something came in my mind is controlling me...”*

“El” indicates that maladaptive anger controls him.

*“If someone tease (sic) me, I cannot leave. I don’t know why I cannot leave it. There’s something which is telling me to start fighting, then I’m starting to fight, and I’m beating him with anything.”*

“Ray” expresses that he has no control over his maladaptive anger.

*“...and my anger was too much, and I didn’t control myself and I’ll hit the boy. Sometimes I just sit quiet in the class but if they try to say things to me again. Then I can’t control myself.”*

*“... and then I just got angry and couldn’t control myself and then we fight...”*

“Bella” indicates that she and others cannot control their maladaptive anger as it controls them.

*“Because I cannot control myself I just feel the anger and I can’t control it.”*

*“He cannot control himself then he started to fight...”*

“Zelly” expresses that she is not able to control her maladaptive anger.

*“When the other one do (sic) something that you don’t like, you just start to hit them because we can’t control anger and after we hit that person we regret it afterwards.”*

From the utterances of participants above it seems that they experience that they cannot control maladaptive anger, as it seems to be overbearing and overwhelming, leaving the participants no choice then to allow maladaptive anger taking its course in its expression. The participants above also expressed a sense of powerlessness over this force they recognised to be maladaptive anger.

#### **4.3.4.4 Anger being evoked.**

It is also apparent that some participants (22%) believe that anger is being evoked externally. This act of external evocation of maladaptive anger is attributed to the perceived source of provocation and therefore diminishes responsibility on the part of the person experiencing maladaptive anger. Participants’ responses below shows the other party as responsible for inducing

maladaptive anger in one and therefore the expression of maladaptive anger is not seen as something to be held accountable for.

*“Maybe one told one something that made the other one angry and the other one started beating the other one.”*

“Essy”

*“Because maybe she was... the kids were maybe saying to her bad things, now she’s angry and she wants to maybe beat someone...”*

*“And he, the kids were maybe saying bad words, maybe they were bullying him and he’s fed up about those things, and he is very angry...”*

“Mica”

*“Maybe someone make him very angry...”*

*“Maybe the boy did make the girl angry...”*

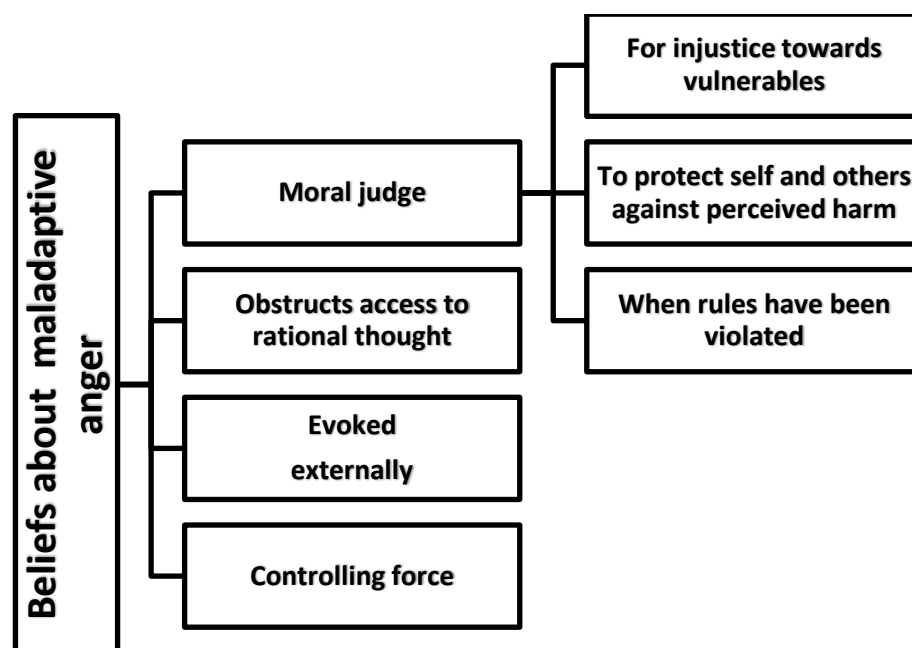
*“Maybe somebody made somebody angry...”*

“Donny”

*“Maybe somebody tease him...say words to him and he doesn’t feel well. He wants to start beating the person...”*

“El”

The participants' responses above indicate that they have the belief that there is no conscious choice in experiencing maladaptive anger. It is believed by these participants that external phenomena (people or events) are responsible for evoking maladaptive anger in them and therefore they have diminished responsibility for their experience of maladaptive anger. Participants' beliefs that rational thought and control is not possible when experiencing maladaptive anger, that maladaptive anger is evoked by external stimuli and justified in certain situations as depicted by Diagram 2 hereunder provides insight into how maladaptive anger is experienced in adolescents.



**DIAGRAM 2: BELIEFS ABOUT MALADAPTIVE ANGER**

#### **4.3.5 Loss/lack of personal power.**

The next theme that emerged has to do with situations, events, people and personal experiences that the participants have little or no influence over

during the process of growing up and that cause significant anger within them. These include the perception of not being valued and subsequently being excluded either from friendships, events and activities. The death of loved ones causes anger in the participants as it emphasizes their lack of personal power over death. The participants also expressed maladaptive anger over the uncertainty of their future as it accentuates their lack of personal power over certain situations. These were expressed by participants as can be seen from the quotes here below which are presented under identified themes.

#### **4.3.5.1 *Exclusion perception.***

Some participants (28%) expressed maladaptive anger about feeling excluded. Mostly their maladaptive anger seems to stem from their perception of other's unavailability and/or their perception of being excluded and not allowed to be part of some exclusivity. Hereunder the verbatim extracts of participants' responses reflect their perception of being excluded by their family, parents, peers and others.

"Dory" expresses maladaptive anger based on exclusion perception of her peers and also due to perceived sibling favouritism.

*"Yes, sometimes I feel like I don't have friends... Because I'm the oldest in the class and I'm staying with small children ..."*

*R: "Why are you angry at your mother?"*

*D: "...makes me angry because she is maybe even sometimes helping my sister if I do something wrong...then she will also lie for her or just do something for her...but when it comes to my time, then she will maybe do something, she will say she is not feeling well, she's feeling sick or not feeling well...".. Sometimes she says she will not help me. Sometimes she will say, 'go and ask who, who, go and ask that person'...and that also is making me to get angry..."*

"Latya" expresses maladaptive anger about feeling excluded by her friends and her mother:

*L: "Maybe they're having something that I love. Maybe my favourite thing is like chocolate and I ask nicely...please give some chocolate...and she don't [doesn't] want, I get very angry Miss."*

*R: "Do you feel angry about your mother, even though she raised you that she is not the one that you can talk to?"*

*L: "Yes."*

*R: "Why?"*

*L: "... most of the time she's only busy and I won't be able to talk with her."*



“Dissy” expresses maladaptive anger due to feeling excluded by the actions of her mother and due to being bullied after transferring to her current school.

*“Ja (sic), the other time, actually when my mom buy for my sister a chocolate...”*

*“When I came first...my friends were bullying and they were like... ‘Go back to the school where you came from!’...and I was like... ‘arggggg, why did I even come to this school?’ ”*

“Izzy” expresses maladaptive anger when she feels excluded by her mother and some teachers.

*“...like maybe when my mom scolds me, then I think she doesn’t love me, and she’s doing this because she hates me...”*

*“...always because in our class, there [are] three kids...they are very clever and they [are] always picked to do things in school, always different teachers come and calls their names. Only three of them...they call their names and say, ‘Come and do this and that.’ And then I think to myself, ‘Why not me even, because I don’t want to be feel left out.’ ...and it makes me feel very angry.”*

“Danny” expresses his maladaptive anger about exclusion perception experienced by his father, his friend and by the fact that important information about him was withheld from him.

*R: “Why are you angry at your father?”*

*D: “Because he doesn’t come anymore to our house.”*

*R: “... would be angry if you and your friend had a meeting plan at say 3 o’clock you were to meet each other at Soweto Market, and your friend just didn’t come?”*

*D: “Yes.”*

*R: “...why?”*

*D: “Because maybe he is having money to go buy cool drinks. He will go eat at UN plaza things, then...”*

*R: “...so you will miss out?”*

*D: “Yes.”*

*R: “And your grandmother? What makes her angry about you?”*

*D: “I don’t know.”*

*R: “What makes you angry about her?”*

*D: “She didn’t tell me I have the sickness early...”*

According to Berk (2013) relationships at this developmental stage become selective and resemble factors like intimacy, mutual understanding and loyalty. Inclusivity of especially peers also impact on the identity of adolescents (Berk, 2013) and therefore

perceived exclusion and not being exclusive to their friends and/or unavailability of parents and family provokes maladaptive anger.

#### **4.3.5.2 *Death of a loved one.***

The inability to control death and dying and/or even the inability to fathom death instigated maladaptive anger in participants. Death and its complexity are further compounded by the grief experienced when losing loved ones to death. Death represents a sense of loss/lack of personal power in participants which provokes maladaptive anger as seen by the following responses:

“Danny” experienced maladaptive regarding his mother’s death.

*R: “Are you angry at your mother for leaving you?”*

*D: “Yes.”*

“Chris” experienced maladaptive regarding his father’s death.

*R: “So maak dit jou kwaad dat jou pa nou oorlede is?” (So it angers you that your father has passed away?)*

*D: “Ja.” (yes)*

“Zinny” experienced maladaptive when others refers to her pain of losing her father.

*Z: “One girl say (sic) my father is pass [passed] away and say me bad things in classes.”*

*R: "Okay. Are you angry that he passed away?"*

*Z: "Yes."*

*R: "Why does it make you angry?"*

*Z: "Because I loved him..."*

"Dory" expressed maladaptive anger against actions that may lead to the loss of a loved one.

*R: "Your sister gave birth?"*

*D: "Yes."*

*R: "... and then the baby was being thrown in the air, by whom?"*

*D: "By the mother."*

*R: "And then that made you angry? Why?"*

*D: "Because my friend's baby also died because the same way..."*

"Shary" experienced maladaptive regarding the loss of her cousin.

*R: "...so do you get angry when you think about your past, the things that happened?"*

*S: "Yes."*

*R: "Why?"*

*S: "I don't know. Even just sitting at home.... I just...the things are just running back in my mind and I'm getting angry."*

*R: "Is there a specific thing that you can think about that you want to share with me that makes you angry?"*

*S: "Yes, the day that my cousin died. We were together and she died in the hospital."*

From the above verbatim extracts of 28 percent of participants' accounts maladaptive anger is experienced when they are confronted with death and dying, especially if it concerns the death of a loved one.

#### **4.3.5.3 Future uncertainty.**

A number of participants (39%) expressed that their future contained uncertainty which contributed to an overall sense of loss/lack of personal power. Examples of this uncertainty are whether they will progress in school, what they would be able to do after school and how their lives would be as adults.

"Dissy" expresses her anger about the uncertainty of her future.

*"It's like if fail, if I fail my grade seven. It's like my life will be over. Or if I pass my grade ten, it's like I'm gonna (sic) pass eleven. It's just like the same. So it's actually just a little frightening..."*

"Danny" expresses how his grandmother's decision to keep him in the dark concerning vital information regarding him made him to experience lack of control of personal power and subsequent

maladaptive anger. Having access to the information also created more uncertainty about his future which further angers him.

*R: “” What makes you angry about her?”*

*D: “She didn’t tell me I have the sickness early...”*

*R: “What else makes you angry?”*

*D: “If I hear or see the word...”*

*R: “Excuse me?”*

*D: “If I hear or see the word HIV.”*

“Romy” expressed maladaptive anger about her future uncertainty.

*R: “Do you feel angry when you think about the future?”*

*R.G: “No.”*

*R: “Why not?”*

*R.G: “Actually yes, because maybe I might not for example, get a job and if I become a parent, what will my kids... what will their future be?”*

“Dory” expressed that she experienced a sense of lack of personal power as she and her mother differs in opinion about her future.

*“...when she talks about other thing that’s not concerning my future or talking about my future, it will obviously anger me because she is not feeling the same way I’m feeling...”*

“Mica” expresses maladaptive anger when thinking about his future.

*R: “Okay. Do you feel angry when you think about your future?”*

*M: “Yes Miss, I feel angry and sometimes I feel I will kill myself Miss.”*

*R: “So you feel angry and sad about your future?”*

*M: “Yes Miss.”*

“Latya” expresses anger about process of becoming an adult.

*R: “Do you get angry when you think about your future?”*

*L: “Yes.”*

*R: “Why?”*

*L: “Because maybe I see a woman with her child and the child is... they are playing, and I’m like...og (sic), when will I grow up and do the same? I’m getting stressed now...”*

*R: “So you stressed and angry because you’re in a hurry to grow up?”*

*L: “Yes.”*

“El” is expressing maladaptive anger about his uncertainty regarding his future:

*R: “Do you feel angry when you think about your future?”*

*E: “Yes.”*

*R: “Why?”*

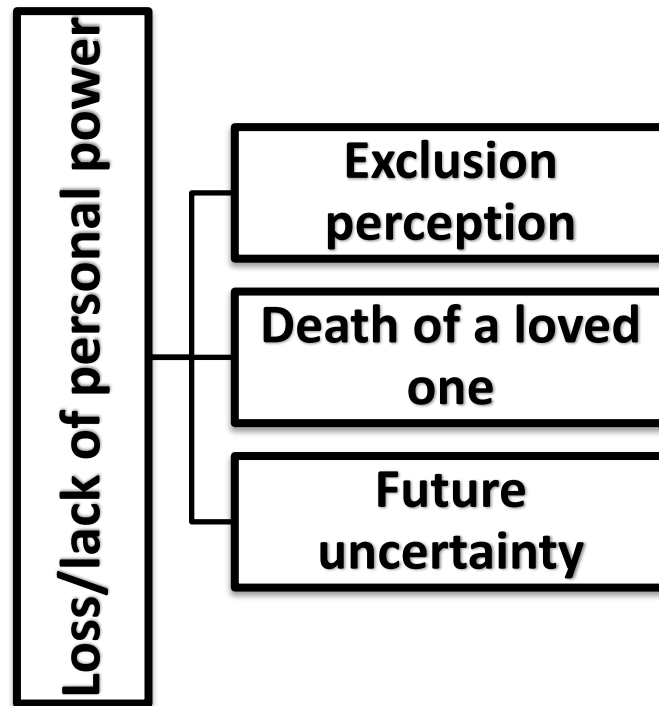
*D: "Because in some classes, I'm doing bad work. Our teacher is chasing us out. And we are losing marks..."*

*R: "Okay. And that makes you angry? Because what will happen to you if you don't pass?"*

*D: "Yes, at the end of the year..."*

The above participants indicated that they are experiencing maladaptive anger as a result of their futures that are uncertain. The unpredictability of how they would be performing as adults in the future is a concern to the above participants due to a variety of variables influencing it. This seemingly lack or/and loss of personal power of certainty about their future provokes maladaptive anger as shown above. A lack/loss of personal power in the participants is represented by experiencing exclusion perception, death of a loved one and future uncertainty as depicted in Diagram 3 hereunder.





**DIAGRAM 3: LOSS/LACK OF PERSONAL POWER**

#### **4.3.6 Social modeling.**

Social modeling is another theme that emerged from the data. Social modeling refers to the imitation of behaviour of others that one socially interacts with (Brauer & De Coster, 2015). Subthemes include the participants mimicking maladaptive angry behaviour of peers, family and the society. This modeling of maladaptive anger comprises of physical expression of maladaptive anger towards others (fighting) and towards self (hurting). Also peer pressure and positive social modeling were evident from the participants' responses as subthemes.

##### ***4.3.6.1 Positive social modeling.***

Participants learned from the behaviours of others especially with regard to maladaptive anger and its consequences which impacted

them positively. Exposure to violence and maladaptive anger from parents, peers, family and the community allowed them to integrate a sense awareness concerning the consequences of maladaptive behaviour. The following participants' responses hereunder show positive social modeling:

*L: "It's our neighbours and then the woman killed the man just for a fifty dollar. It was like this, she wanted to drink but the man was like you will not drink, use this (sic) fifty dollars for other thing, then she just started to take a knife and stab him... to jail."*

*L: "...from that day on, I just decided ..., I will not take my anger out on someone else. That's what I decided..."*

"Latya"

*D: "Because I have a friend that is very short tempered. When she just needs something and she don't get that thing she gets angry..."*

*R: "So friends that gets angry like that...they also make you feel like getting angry so easily?"*

*D: "No."*

*D: "She was beating the man so bad...because she doesn't like when another person steals what is not hers... his or hers..."*

*and she was just getting angry and started beating a man. ... It was like really unbelievable...*

*R: "...and what did you do? Did you just watch?"*

*D: "...I was watching and at the same time I was telling her to stop... I went and started stopping her...because she cannot do that...She was supposed to just learn (sic) him a lesson and not to do that..."*

*"Dory"*

*R: "Why does that make you angry?"*

*Z: "Because Miss, it's not great for others to fight. Like sometimes others are getting very angry like me. I'm getting angry and I'm just fighting with the other people and the other person is getting hurt. I feel angry at myself for beating that person..."*

*"Zelly"*

*R: "You already told me that you get angry when you see a man beats [beating] a woman."*

*E: "Yes."*

*R: "...because it's not the right thing to do...How do you feel when two men are fighting? Like when your uncle and the other person were fighting in your house or in your yard?"*

*E: "I don't feel nice because if they are drunk, they are drinking together when they become drunk then they are just start fighting about the alcohol."*

*R: "Does that make you angry?"*

*D: "Yes. If they are fighting, they must not stay together...?"*

*"El"*

Social modeling affected the above participants positively, allowing them to examine maladaptive anger in others and make judgement about it. Thus, positive social modeling may be a protective factor against adolescents experiencing maladaptive anger.

#### **4.3.6.2 Negative social modeling.**

The following participants (44%) learned from the behaviours of others especially with regard to maladaptive anger and its consequences which impacted them negatively. Negative social modeling compelled participants to express their anger by physically hurting other or hurting self (maladaptive anger). Some of the adverse situations that they have been exposed to also lead them to accept maladaptive behaviour as the way to solve conflict and be respected and influenced their thought process as such.

*R: "So what happened the last time when you saw two people fighting at home like, a man and a woman?"*

Z: *"When I saw two people fighting, a husband a wife, it made me sad and I start to cry"*

R: *"Does that happen... Does it happen to family close to you?"*

Z: *"Yes."*

R: *"And how does that make you feel?"*

Z: *"Angry sometimes because my uncle is hitting my aunt without any reasons, that's why I'm starting with my uncle, hitting him back with a bottle maybe something like that."*

*"Zelly"*

R: *"Do you have friends that get easily angry?"*

D: *"Yes."*

R: *"And what do you do? Do you also get angry with them?"*

D: *"Yes."*

D: *"...my mother and my father was (sic) fighting because my father was drunk and he was looking for food, then he trapped [kicked] at my mother. Then I get angry..."*

R: *"Angry at your father?"*

D: *"Yes."*

D: *"My sister did come and beat him [my father] [together] with my mother. They helped each other."*

R: *"So that made you feel better?"*

D: *"Yes."*

“Donny”

*“Because sometimes one of them always does something wrong like say for instance, if one of them always do something wrong like say for instance the woman is told not to go out but she disobeys the man’s rules and the man comes from work and finds the children hungry and starts... And when the woman comes back, just beats the woman.”*

“Essy”

*R: “If you and your friends are playing soccer in the streets and somebody comes along and they insult your friend and your friend gets angry, would you also get angry?”*

*D: “Yes.”*

“Bella”

*R: “Okay. Alright and how does that make you feel? That a person can become so angry and sad that they want to take their own life?”*

*S: “It makes me feel as if... I would do the same if I were in her shoes.”*

“Shary”

*“Because Miss, they grew up in the community full of people that drinking, that loves fighting, that loves swearing, and using drugs. That’s why the things are affecting them... That’s why the girl has to fight with the people.”*

R: "... what happened the last time you saw people fighting at home?"

D: "It was fighting Miss. On the same day my little brother fought because my mom and my dad argue in their room every single time the money comes in, it will only be arguments."

R: "Between them?"

D: "Yes Miss and they will obviously put me in the middle."

R: "How did they put you in the middle?"

D: "My dad always say this is...because my mom say she wants the house for me because I'm the last born and my mom wants the house to put in my name and it is also good if they put because all the last one's names...and then my dad paid... got paid then he was going and going sending money to his family members who never helped with anything. And I also saw from my mom's point and my mom is really a person who is ill Miss and she cannot handle the stress like me and I was getting angry. I was starting to stop people. I was saying: 'Daddy stop.' And my dad hit me and then I slapped my dad and I walked out. Then my brother started picking up stones and throwing me...and I was like: 'Are they abusing me physically or emotionally?' ... I don't really know...I was really angry and I started to beat my father and big brother ..."

R: "So the fight actually started with them fighting at home and then it's... you drawn in the middle of the fight and that

*got you angry and then it escalated to you and your brother fighting?”*

*D: “Yes miss.”*

“Dory”

*T: “...because when I see someone fighting. I’m like... I also want to also... I also want to start fighting...”*

“Tila”

*R: “What makes you angry?”*

*C: “Manne wat baklei en mekaar steek goede in die straat.”*

*(Men fighting and stabbing each other in the street.)*

*R: “Hoekom maak dit jou kwaad?”(why does it make you angry?)*

*C: “Want dié.. miskien as dié ander man n mes vat en dié ander een steek...dan voel ek nie nxa.” (Because when one takes a knife and stabs the other then I don’t feel ok.)*

“Chris”

The above participants expressed maladaptive anger experienced as a result of negative social modeling where they have learned from other to use maladaptive anger as a way of negotiating conflict. The participants’ responses signify that negative social modeling promotes and accepts maladaptive anger to solve disagreements.



#### 4.3.6.3 *Peer pressure.*

To a certain extent the peer pressure exerted over some of the participants also coerced them to mirror behaviour associated with maladaptive anger. The participants expressed how peer pressure incites them to demonstrate maladaptive anger.

“Latya” expresses how her friends use peer pressure to coerce her to demonstrate behaviour associated with maladaptive anger:

*R: “So if your group of your friends are angry at another group of friends, do you also join in that fight or...even if it’s not a physical fight but a verbal fight?”*

*L: “Yes.”*

*R: “Why?”*

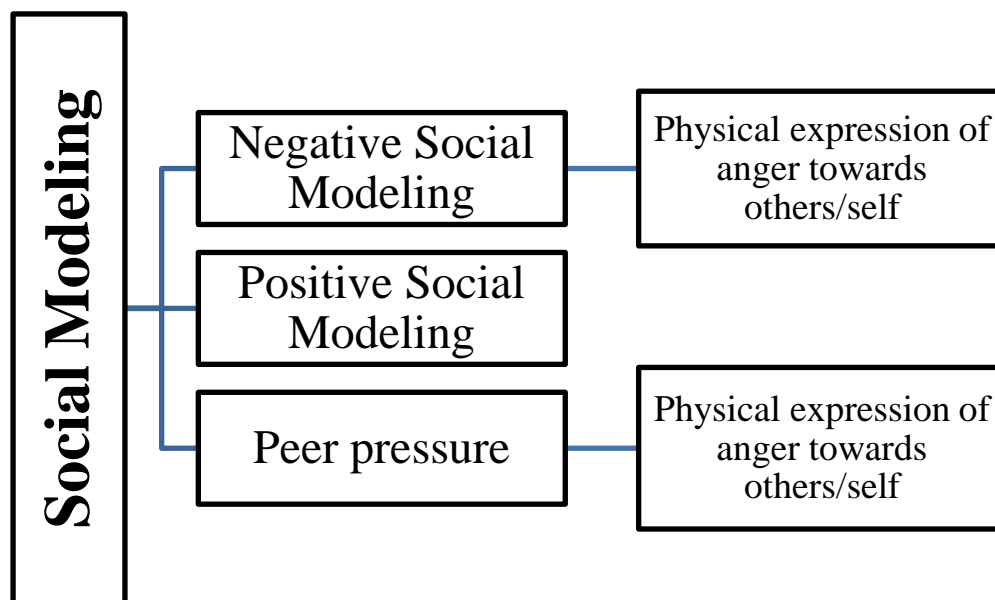
*L: “Now my friends are... if I talk to the one they don’t talk to...they will also get angry with me and they will say, ‘you must decide either you stay with them or with us.’ Then I always choose their side.”*

“Izzy” expresses how peer pressure is used by her classmates to coerce behaviour:

*R: “So today nothing happened that made you angry?”*

*I: “...they blackmail, saying: if you go and report, then you’ll never become like us or you’ll never be with us. You will always be alone, and you will be poor...”*

The responses of participants above indicate that peer pressure is often a form of coercion that leads them to also experiencing and demonstrating maladaptive anger. The importance of peer relations is once again highlighted in these participants who would imitate behaviour (maladaptive anger) to preserve the relations. Diagram 4 hereunder depicts the theme of social modeling with subthemes of negative social modeling, positive social modeling and peer pressure.



**DIAGRAM 4: SOCIAL MODELING**

#### **4.3.7 Relationship between stress and maladaptive anger.**

Another theme that emerged was how the participants understood the concept of stress and its relation to maladaptive anger. For fifty percent of participants stress was associated with maladaptive anger even though their perception or experience of stress was differentiated. This is how the

following participants expressed their understanding and experience of the relation between anger and stress:

*M: "It's like, maybe, if you're angry and you're going to stress at other people, scream and those things."*

*R: "So you must be angry before you're stressed, or do you sometimes stress then get angry?"*

*M: "Yes."*

*R: "Which one now?"*

*M: "...maybe for example stress and then angry [anger]."*

"Mica"

*"The difference is like... for me it's like when you're angry it comes from your heart and when you're stressed it comes from your mind, that's my difference."*

"Latya"

*D: "Stress is like when you want to do or you just angry at someone, or you just want your... and you're like, 'oh, why did this person even come here?' "*

*R: "So stress is something that happens and eventually makes you angry?"*

*D: "Yes. And anger is something that wants you...makes you to do something so hard to someone or making you do..."*

R: *"So if I hear you correctly, stress is something you feel. But anger is something you do?"*

D: *"Yes."*

"Dissy"

*"...you're so angry that you want to even do anything. Maybe hit someone or sometimes you may even... when you are stressed... then you think must I kill myself or what?"*

"Tila"

Z: *"It's not good feeling but you cannot even control it because what just come out of my mouth, because your brain is under control and you just say any word that's coming..."*

R: *"So stress also makes you angry?"*

Z: *"Yes."*

"Zelly"

R: *"How does it feel to be stressed?"*

R.A: *"Very strange..."*

R: *"Weird?"*

R.A: *"Yes."*

R: *"Do you feel like that sometimes?"*

R.A: *"Yes."*

R: *"What makes you feel like that? Or when do you feel like that?"*

*R.A: "If a boy come and touch (sic) my body, I'm just getting angry because I don't like boys..."*

*"Ray"*

*R: "How does it feel to be stressed?"*

*S: "I don't stress a lot and I don't know even how to stress because I only get angry..."*

*"Shary"*

"Izzy" explains how closely stress and anger is related.

*"Stress ...always there at my family's house there are three kids, three... and they are small. ...They always come, they throw things at us, they pull our hair...maybe they are scratching us and then when they fall by accident, they run to their mothers and she made me sore and she kicked me and that...and that makes me very angry..."*

"Gianni" explains how he understands maladaptive anger and stress.

*G: "Stress is when you are very stress into someone or something, and anger is when you want to fight someone or hit someone with something."*

*R: "So both of ...both stress and anger is a feeling, but with stress you don't want necessarily to fight is that what you're saying"*

*G: "Yes."*

The participants above signify the relation between stress and maladaptive anger. For some, anger follows being stressed and for some stress is experienced different and in different parts of the body than maladaptive anger. It is clear though that the experience of stress is somehow associated with the experience of maladaptive anger.

#### **4.3.8 Insecure attachment.**

According to Berk (2013), attachment is a durable loving relation one has with significant persons and by whose presence one is consoled. This can be rated in adolescents by self-report on how and when parents notice them, whether they feel anger at their parents without being aware of the reasons, not feeling understood by their parents, feeling not listened to by their parents and when being able to empathize with their parents (Gullone & Robinson, 2005). Some of the participants (56%) of this study seemingly revealed insecure attachment through all of the factors as expressed hereunder:

*R: "When do you get angry at your mother?"*

*D: "...every single day."*

*R: "Why? What does she do that makes you angry?"*

*D: "...makes me angry because she is maybe even sometimes helping my sister ...but when it comes to my time, then ...she will say she is not feeling well, she's feeling sick or not feeling well and she will make up some issues..."*

R: *"...do you sometimes feel angry at your mother without knowing why?"*

D: *"Yes."*

R: *"And with your father?"*

D: *"Yes."*

"Dory"

R: *"... when you feeling not okay, or when you're feeling okay, nobody notice that?"*

M: *"Yes."*

R: *"Why do you think it's like that?"*

M: *"Because...in our house, everyone is on their own and they don't care if you're sick or what..."*

"Mica"

R: *"Do you sometimes feel angry at your mom without knowing why?"*

D: *"Yes."*

R: *"Would your mother be able to sense her daughter is not okay?"*

D: *"No."*

"Dissy"

R: *"Do you sometimes feel angry at your mother and your father without knowing why?"*

G: *"I don't know that one."*

R: *"But just think about it, just for a moment. Sometimes you're just angry. You don't even know why. They didn't do anything. But you're just angry. Do you feel that or does it not happen?"*

G: *"I feel it."*

"Gianni"

R: *"Who would listen to you when you're angry?"*

D: *"Not anyone."*

"Donny"

R: *"After the day of school and you want to share something like you had a very good day or very bad day. Who would notice when you come?"*

Z: *"Nobody."*

R: *"Do you feel angry towards your mother and father sometimes without knowing why?"*

Z: *"Yes."*

"Zelly"

R: *"Are you angry at your mother for leaving you?"*

D: *"Yes."*

R: *"Are you angry at your father?"*

D: *"Yes."*

R: *"Why are you angry at your father?"*

D: *"Because he doesn't come anymore to our house..."*



“Danny”

*R: “Do you sometimes feel angry at your mother and father without knowing why?”*

*R.G: “Yes.”*

“Romy”

*R: “Could you see when she was having a bad day?”*

*R.A: “No.”*

*R: “...and your grandmother?”*

*R.A: “No.”*

“Ray”

*R: “Would you be able to see when she (Shary’s mother) is sad or that she had a bad day?”*

*S: “No.”*

*R: “Okay.”*

*S: “Because I feel that she is hiding her feelings.”*

*R: “Okay. Does that make you angry?”*

*S: “Yes...because I tell her everything that happens to me but she doesn’t tell me anything that happens to her.”*

*R: “Does it make you angry that your father doesn’t... that you don’t feel loved by your father?”*

*S: “Yes...he tells me every day that he loves me but I don’t trust him.”*

“Shary”

*R: "If you had a very bad day at school and you go home. Who would see at home that you had a bad day?"*

*D: "No one..."*

*R: "... do you sometimes feel angry at your parents? At your mother? At your father? And you don't know why?"*

*D: "Yes."*

*"Zinny"*

The participants' verbatim responses show a relation between insecure attachment and maladaptive anger. The participants expressed maladaptive anger when they perceived not being noticed, loved, listened to or understood by the parents which are a simplified description of factors that contribute to insecure attachment.

#### **4.4 Summary**

The aim of this chapter was to report the findings emerging from the data. The themes that emerged were in line with the research questions relating to how the participants experienced maladaptive anger and what the risk factors are that are associated with maladaptive anger. With regard to how the participants experienced anger, the themes that emerged were (i) experiencing anger maladaptively, (ii) beliefs about maladaptive anger, (iii) physical experience of maladaptive anger and (iv) attitudes about maladaptive anger. In terms of what the risk factors of maladaptive anger in adolescents are, the themes that surfaced comprised of loss/lack of personal control, social modeling (adverse environments) and insecure attachment. In addition it was found that beliefs that

participants hold about maladaptive anger also contribute to maladaptive anger expression.

The following chapter will aspire to discuss the findings and to construe conclusions about the findings of the study. Chapter five will also address recommendations with regard to future research concerning adolescent maladaptive anger.

## **CHAPTER 5**

### **DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

The findings of the study are discussed in terms of the experiences of the participants and the risk factors of maladaptive anger. Conclusions about the findings of the study were drawn and discussed. This chapter will also provides recommendations with regard to future research concerning adolescent maladaptive anger.

#### **5.2 Discussion of findings**

In line with the objectives of this study the discussion of findings explored how children aged 11-14 experience the phenomenon of maladaptive anger and what are the factors contributing to experiencing anger maladaptively. The aim in this section is to interpret the findings and discuss how the results postulate answers to the research questions of this study.

##### **5.2.1 The experience of maladaptive anger.**

Maladaptive anger is characterized by its ability to activate aggression and violence, its involvement with affect entanglement, its potential to damage relations and its association with distress emotions (Novaco, 2011). The findings demonstrate that 78% of the participants experience a kind of an anger that activates aggression and violence, which has the potential to damage relationships. This anger is embodied with affect entanglement

and associated with distress. Therefore it is possible to concur that anger is for the most part experienced by participants as maladaptive.

The complex nature of maladaptive anger is elucidated by its characteristics, especially the characteristics of affect entanglement and distress association. The findings indicate that that 56% of participants struggled with distress emotions and affect entanglement. Distress emotions reported by the participants were fear, anxiety, depression and stress, while sadness was mostly entangled with maladaptive anger. These distress emotions and affect entanglement become intertwined with the anger construct and conceals it to a certain extent. The resultant concealment of the anger construct confuses the individual experiencing maladaptive anger. This study therefore resonated with how Novaco (2011) portrayed the complexity of maladaptive anger. According to Novaco (2011) the fusion of emotion and distress within the concept of maladaptive anger impedes comprehension of maladaptive anger. This impediment of comprehension of maladaptive anger applies to both the person experiencing it as well as the person attempting to examine it (Novaco, 2011).

Novaco (2011) also described maladaptive anger as an emotion that is difficult to control, and that anger without self-regulation becomes maladaptive. Caprara et al. (2007) expands on the developmental trajectory of individuals and how it influences self-regulation. As cognitive, moral and social functions develop in children and they are able

to navigate developmental life stages their self-regulation function grows (Caprara et al., 2007). With the growth in self-regulation of emotions, children are able to resolve and/or avoid conflict, thus diminishing maladaptive anger (Caprara et al., 2007). This study was not able to detect a significant distinction between improved self-regulation and diminished maladaptive anger between the youngest female participant (11 years) and the two oldest female and male participants (14 years). This could be ascribed to the fact that all participants are in their formal operational developmental stage in terms of Piagetian cognitive development theory (Berk, 2013). According to Berk, 2013 concrete reasoning and formal operations are also situational and task dependent and does not emerge in all contexts at once. This study particularly focused on participants in a specific educational setting which implies more or less the same ethnicity and socio-economic background and it can therefore be deduced that in this specific context, development (including self-regulation) is still progressing over the maturation spectrum of 11-14 year olds.

The beliefs of participants regarding maladaptive anger further demonstrate how the participants experience maladaptive anger. The beliefs include (i) injustice, immorality and unfairness warrants maladaptive anger, (ii) maladaptive anger is evoked externally, (iii) maladaptive anger controls those experiencing it and (iv) maladaptive anger obscures rational thought.

The findings show that maladaptive anger serves a function of a moral judge. When participants believed rules were violated, immorality was at play, and/or when injustice/unfairness was perceived, it provoked and justified maladaptive anger. Maladaptive anger in response to injustice, rule violation and immorality was experienced by 72% of participants. This provocation and rationalization of maladaptive anger as a moral judge as experienced by participants has been substantiated by Eatough et al. (2008).

Some of the participants reported that they believe that maladaptive anger is often the result of external stimuli. It seems as if the participants believe that they experience arousal of maladaptive anger over which they have no control. Maladaptive anger seems to be dominating the mind, which in turn obstructs rational thought and prevents action that may have allowed for more positive conflict resolution. The experience of maladaptive anger being externally controlled and devoid of rational thought is corroborated by Eatough et al. (2008, p. 1782) who described the maladaptive anger experience as “a loss of clarity and/or cognitive and behavioural management”. Down et al. (2011) also characterized maladaptive anger by the belief that it is evoked by an external force and thus one is incapable of controlling it.

Experiencing and expressing maladaptive anger took the form of physical and non-psychical action to mostly hurt others who were deemed to be the source of a perceived threat or provocation (“...*hit him with the glass*”; “*I*

*do fight*"; *"I feel like killing that person"*; *I always insult that person...*"). Maladaptive anger also instigated aggressive and violent action towards self and inanimate objects (*"I can hurt myself"*; *"I burn some of my stuff"*, *"...like maybe killing myself"*). Maladaptive anger was also experienced as a physical bodily sensation and 61% of the participants felt the sensation of maladaptive anger in their hearts. In addition to maladaptive anger experienced in the heart, it was also experienced as a sensation in the brain, stomach and chest. These somatic experiences of maladaptive anger were also described as shivering, hot burning sensation, sweating and nervousness. Research has shown that physiological reactions due to any emotion are a natural human response (Lindhard, 2015) and therefore to be expected when maladaptive anger is experienced. However, the unique language used by participants (*"in/from my heart"*, *"shivering"*, *"hot sensation"*, *"burning"*, *"feeling not myself"*) is narrating the distinctive subjective experience of the phenomenon of maladaptive anger. It provides an exclusive insight into the explosive and volcanic nature of maladaptive anger as experienced by participants.

The findings indicate that participants are holding certain attitudes about maladaptive anger. These attitudes seemed to mainly stem from the participants' desire to understand their experience of maladaptive anger. Participants' attempts to understand their experience of maladaptive anger induced a religious outlook/attitude. For some participants this religious outlook perceived maladaptive anger to be wrong and punishable by God (*"...like God is punishing me like that."*). For other participants, their



religious outlook served as a protective factor which may mitigate factors contributing to maladaptive anger (“...pray to God so He can stop these teasing.”).

The findings also signify an approximate equal distribution across both genders in terms of the experience of maladaptive anger. It seems that, regardless of gender, maladaptive anger is experienced at approximately the same intensity in both males and females. The equal distribution of maladaptive anger does not seem to be distinguishing more covert expression of maladaptive anger in the female participants than the males. Overt expression seems to be largely the manifestation of maladaptive anger as is evident in the expression of maladaptive across gender. Female experience of maladaptive anger includes “*I do fight...I can hurt myself..... I will break the things.*”; “*I’m angry... I feel like fighting ...*”; “*Then I’ll just pulling her hair and kick her or something.*” Maladaptive anger experienced by males includes “*I wanted to beat him and throw him with something*”; “*I start throwing anything at a person, I cannot leave. I don’t know why I cannot leave it.*”; “*Toe raak ek kwaad ..... Toe begin ek slaan hom. Toe slaan ek hom.*” (*Then I got angry...then I began to hit him. Then I hit him...*). This notion of approximate similar experience and expression of maladaptive anger by both genders is supported by studies done by Pullen et al., 2015 and Card et al., 2008. Pullen et al. (2015) and Card et al. (2008) concluded that the difference in experiencing maladaptive anger between males and females is negligible regardless of covert or overt expression of maladaptive anger.

### **5.2.2 Contributing factors.**

The themes that propose risk factors of maladaptive anger in adolescents are loss/lack of personal control, association between stress and maladaptive anger, social modeling and insecure attachment (adverse environments). Even though beliefs about maladaptive anger were previously discussed in terms of how it is experienced, beliefs about maladaptive anger also constitute a risk factor.

Loss/lack of personal control activated maladaptive anger when participants perceived exclusion, encountered the fatality of death, and future uncertainty. Loss or lack of personal power contributed to maladaptive anger as it rendered the participants deprived and indignant in terms of their perception. Death of a loved one, an uncertain future and the perception of being excluded, deprived the participants from the empowerment of involvement or agreement in these matters. Being unable to control these matters, resonates powerlessness, that needs expression of own power through maladaptive anger as a means of regaining control.

The association between stress and maladaptive anger also provided insight on how maladaptive anger is experienced by these participants. Participants' perceived stress as a concept intimately relates to maladaptive anger. Stress seemed to be experienced as an emotion preceding maladaptive anger and as such also a risk factor. Stress seemed to have had significant familiar sensations of maladaptive anger. Distinguishing between stress and maladaptive anger also seemed to be

confusing due to the connotation between the two concepts. Pullen et al. (2015) conducted a study that found significant correlations between stress and maladaptive anger and therefore associated stress as a risk factor. Hampel and Petermann (2006) further showed stress to be a risk factor to maladaptive anger as stress escalates with chronological age, impairing adaptive coping and thus contributing to maladaptive anger.

Adverse environments that participants are accustomed to such as exposure to violence, abuse and trauma as well as cold, rejecting and harsh home environments directs the findings in terms of social modeling and insecure attachment. These adverse environments allow the participants to mirror maladaptive anger as a solution to conflict and to experience maladaptive anger in retaliation to a cold, rejecting and unsafe home. In terms of social modeling, the participants mirrored the expression of maladaptive anger either willingly or through coercion.

The findings of the study confirmed that exposure to adverse environment, where parents and/or extended family residing in the same environment behave either aggressively and/or violently, elicit maladaptive anger in participants. Several instances of violence exposure like domestic violence, intimate partner violence, street violence and bullying were narrated by participants. Witnessing violence in the form of arguments and fights evoked an immediate reaction of inexplicable maladaptive anger as reciprocation to the exposure of violence in these adverse environments in participants (*“because my uncle is hitting my aunt without any reasons,*

*that's why I'm starting with my uncle, hitting him back with a bottle maybe something like that"; "my father was drunk and he was looking for food, then he trapped (sic) at my mother. Then I get angry..."; "I was really angry and I started to beat my father and big brother..."*). Social modeling thus results in experiencing maladaptive anger not only as a result of it or as a solution to conflict, but also to mediate the effects of the exposure to violence. This study shows concurrence with the literature about the positive relationship between exposure of violence, externalizing behaviour and mental health symptoms.

With regard to coerced social modeling, peer pressure seems to play an active role. Due to the importance of peer relations in this developmental stage, adolescents' value of such relations takes priority over what seems morally right. Participants have expressed that they are forced to take sides with their friends in the demonstration of maladaptive anger (*Now my friends are... if I talk to the one they don't talk to...they will also get angry with me and they will say, 'you must decide either you stay with them or with us.' Then I always choose their side..."*).

Several participants reported insecure attachment by indicators such as whether they are noticed by their caregivers, experiencing anger towards caregivers without reasons being articulated, feeling misunderstood and ignored by caregivers and being unable to empathize with caregivers. Participants' reporting insecure attachment also greatly experienced and expressed maladaptive anger. The literature concerning the positive

association between insecure attachment and maladaptive anger is substantiated by the results of this study.

Participants' beliefs about anger aids maladaptive anger as it imparts the characteristics of such beliefs onto the participants. The belief that maladaptive anger controls one's mind and limits the self of rational thought (for alternative conflict resolution), incites maladaptive anger, as it exonerates one from the responsibility of self-control. The belief that maladaptive anger is justified against injustice towards self and others, to protect self and others in need and in the event of rule violation seems noble. However, the belief of maladaptive anger as a moral judge, fuelled by a belief that maladaptive anger is evoked by others and externally controlled, position participants to be at risk for maladaptive anger. This belief of inability to self-regulate anger increases the intensity, the frequency, and the duration of maladaptive anger (Novaco, 2011).

### **5.3 Conclusions**

#### **5.3.1 Introduction.**

Based on the above findings of the study certain conclusion are drawn to integrate the main ideas and to demonstrate the importance of the findings with regard to adolescent maladaptive anger. Particular emphasis is directed to whether maladaptive anger was experienced, the complexity of maladaptive anger and how the beliefs and attitudes regarding maladaptive anger provide insight into the participants' experience of maladaptive anger. Risk factors such as loss/lack of personal control, association

between stress and maladaptive anger, social modeling and insecure attachment are also addressed in the conclusion.

### **5.3.2 Conclusions regarding the experiences of maladaptive anger.**

It can be concluded that maladaptive anger was experienced by participants. It is evident that the maladaptive anger phenomenon is experienced as a concept that activates aggression and violence, which has the potential to damage relationships, that is embodied with affect entanglement and that is associated with distress. The distinctiveness of the phenomenon of maladaptive anger is demonstrated through unique language that affords an exclusive insight into the explosive and volcanic nature of adolescent maladaptive anger. Adolescent maladaptive anger was experienced as a complex emotion and the literature on the complex nature of maladaptive anger was validated by the findings of this study. Beliefs about maladaptive anger, the somatic experience of maladaptive anger and attitudes about maladaptive anger significantly illuminated the experience of maladaptive anger for adolescents. Furthermore, the results corroborate an approximate similar experience of maladaptive anger for both females and males.

### **5.3.3 Conclusions regarding associated risk factors of maladaptive anger.**

Risk factors of maladaptive anger in adolescents were established to be loss/lack of personal control, association between stress and maladaptive anger, social modeling (adverse environments) and insecure attachment. Beliefs about maladaptive anger also constitute a risk factor as it

influences the thought process of the adolescent and subsequently aids maladaptive anger. The loss/lack of personal power as perceived and endured by adolescents seems to be an unfamiliar risk factor revealed by this study. The adolescents experience maladaptive anger in response to the disempowerment experienced when they consider their future, encounter mortality, and/or perceive exclusion. No significant correlation between improved self-regulation and diminished maladaptive anger of adolescents could be detected. This could be the result of the specific context in which this research study was done where the development trajectory of adolescents (including self-regulation) was still progressing over the maturation spectrum of 11-14 year olds. Beliefs about maladaptive anger such as being morally justified, controlling the mind and obstructing access to rational thought seems to be promoting maladaptive anger in this age group.

Social modeling in adverse environments was found to be a risk factor of adolescent maladaptive anger as frequent exposure to violence and maladaptive anger in parents, siblings and community allowed for adolescents to mirror these behaviours. Negative social modeling integrated maladaptive anger in adolescents as acceptable conflict resolution behaviour. Peer pressure as part of social modeling exerted the force of social approval and value to incite maladaptive anger. Positive social modeling could be exploited to counter maladaptive anger by purposely exposing adolescents to constructive conflict resolution. Insecure attachment indicated by adolescents experience of being ignored

by caregivers, experience of anger without reason towards and an inability to empathize with caregivers, and experience of being misunderstood was found to be a risk factor of adolescent maladaptive anger.

## **5.4 Recommendations**

### **5.4.1 Introduction.**

Taking into consideration the limitations of this research study, this section seeks to make recommendations with regard to utilization of this research. The intent of the recommendations section is to illuminate the potential purposes of the research findings. It is also the intention of this section to mention issues that may be addressed in future research with regard to adolescent maladaptive anger.

### **5.4.2 Recommendations regarding future utilization of research.**

The findings of this study serve as the basis for customized intervention programs for adolescents in the Namibian context. Educational settings, clinical settings and forensic setting will benefit intensively from foundational insight on the distinctive nature of how children in this age group understands, experience, interpret and views maladaptive anger and the associated risk factors. It is recommended that information emanating from this study be utilised to invent novel and adapt existing intervention programs for adolescents in the Namibian context. These findings can also be utilized in the educational settings where adolescents could be sensitized about the risk factors of maladaptive anger, especially in terms of their beliefs about maladaptive anger. Remedial interventions where



children aged 11-14 years who are experiencing maladaptive anger can be developed utilizing the findings with regard to how it is experienced and how it is understood (beliefs about and attitude towards maladaptive anger). Parental and community programs can also be developed to assist children between the age of 11-14 years in terms of maladaptive anger by effecting change in parents with regard to exposure of violence, adverse environments and perceived lack/loss of personal power. These educational programs can be tailored as a preventative measure against maladaptive anger. The implications of these recommendations include foreseeable change in both parental responsibilities as well in adolescents' beliefs, attitudes and subsequent experiences which will result in preventative and remedial impact on maladaptive anger in adolescents.

#### **5.4.3 Recommendations regarding future avenues of research.**

It would be valuable if future research can replicate the study and expand the sample population with regard to age, ethnicity, socio-economic status and settings. This would address the limitation of the study in terms of generalization and would allow for understanding of how diversity affects the findings of this study. Future research can consider the inclusion of the biological component of children aged 11-14 years and the role it has with regard to genetics and heredity of maladaptive anger.

## CHAPTER 6

### REFERENCES

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, N.J.: Erlbaum.
- Aulagnier, M., Janssens, W., De Beer, I., Van Rooy, G., Gaeb, E., Hesp, C., van der Gaag, J., de Wit, T. F. R. (2011). Incidence of HIV in Windhoek, Namibia: Demographic and socio-economic associations. *PLoS One*, 6(10). <http://dx.doi.org/10.1371/0025860>
- Bandura, A. (2011). A social cognitive perspective on positive psychology. *Revista de Psicologia Social*, 26, 7-20.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioural change. *Psychological review*, 84(2), 191-215. <http://dx.doi.org/10.1037/0033-295X.84.2.191>
- Bandura, A. (1973). Aggression: A social learning analysis. Englewood Cliffs, NJ: Prentice-Hall.
- Berk, L. E. (2013). Child Development (9th ed.). Pearson: Boston.
- Blair, R. (2012). Considering anger from a cognitive neuroscience perspective. *Wiley Interdisciplinary Review of Cognitive Neuroscience*, 3, 65–74.
- Blake, C. S., & Hamrin, V. (2007). Current approaches to the assessment and management of anger and aggression in youth: A review. *Journal of Child and Adolescent Psychiatric Nursing*, 20(4), 209-221.

- Botere, H. (2012). When Father is Not There: The Absence of the Father as a Generating Factor of Violence. *International Journal of Applied Psychoanalytic Studies* 9(2), 109–133.
- Bowlby, J. (1988). A secure base: parent–child attachments and healthy human development. New York, NY: Basic Books. Retrieved from <https://pdfs.semanticscholar.org/545b/983942722792c0e0c48b699aced98323d13e.pdf>
- Bowlby, J. (1973). *Attachment and loss. Vol. 2: Separation: anxiety and anger*. New York, NY: Basic Books.
- Brauer, J. R., & De Coster, S. (2015). Social relationships and delinquency: Revisiting parent and peer influence during adolescence. *Youth & Society*, 47(3), 374–394.
- Caprara, G. V., Paciello, M., Gerbino, M., & Cugini, C. (2007). Individual differences conducive to aggression and violence: trajectories and correlates of irritability and hostile rumination through adolescence. *Aggressive Behaviour*, 33(4), 359-74.
- Card, N. A., Stucky, B. D., Sawalani, G. M., & Little, T. D. (2008). Direct and indirect aggression during childhood and adolescence: A meta-analytic review of gender differences, intercorrelations, and relations to maladjustment. *Child development*, 79(5), 1185-1229.
- Carlozzi, B. L., Winterowd, C., Harrist, R. S., Thomason, N., Bratkovich, K., & Worth, S. (2010). Spirituality, anger, and stress in early children aged between 11-14 years. *Journal of Religion & Health*, 49, 445–459.
- Centres for Disease Control and Prevention, National Centre for Injury Prevention and Control. (2005). *Measuring violence-related attitudes, behaviours, and*

- influences among youths: A compendium of assessment tools* (2nd ed.). Atlanta: Dahlberg, L. L., Toal, S. B., Swahn M., & Behrens, C. B.
- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards V, J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82, 217 – 225.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative & mixed methods approaches* (4<sup>th</sup> ed.). Los Angeles: Sage Publication Inc.
- Down, R., Willner, P., Watts, L., & Griffiths, J. (2011). Anger management groups for adolescents: A mixed-methods study of efficacy and treatment preferences. *Clinical Child Psychology and Psychiatry*, 16(1), 33–52.
- Duff, S., Nampweya, M., & Tree, J. (2017). Men’s accounts of passion killings in the Namibian context. *Journal of Interpersonal Violence*, 1–20.
- Eatough, V., Smith, J.A., & Shaw, R.L. (2008). Women, anger and aggression: an interpretative phenomenological analysis. *Journal of Interpersonal Violence*, 23(12), 1767-1799.
- Ferguson, C. J., San Miguel, C., & Hartley, R. D. (2009). A multivariate analysis of youth violence and aggression: The influence of family, peers, depression, and media violence. *The Journal of Paediatrics*, 155(6), 904-908.
- Fernandez, E., Day, A., & Boyle, G. (2014). Self-report questionnaires for the assessment of anger and hostility. In G. Boyle, D. Saklofske, & G. Matthews (Eds.), *Measures of personality and social psychological constructs* (pp. 74-100). San Diego, CA: Elsevier, Academic Press.
- Flannery, D. J., Wester, K. L., & Singer, M. I. (2004). Impact of exposure to violence in school on child and adolescent mental health and behaviour. *Journal of Community Psychology*, 32, 559-573.

- Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology*, 21, 227–259.
- Gambetti, E., & Giusberti, F. (2016). Anger and everyday risk-taking decisions in children and adolescents. *Personality and Individual Differences Journal*, 90, 342–346.
- Gerrig, R.J., & Zimbardo, P.G. (2008). *Psychology and life* (18<sup>th</sup> ed.). Boston: Pearson Education.
- Gullone, E., & Robinson, K. (2005). The Inventory of Parent and Peer Attachment—Revised (IPPA-R) for Children: A Psychometric Investigation. *Clinical Psychology and Psychotherapy*, 12, 67–79.
- Hampel, P., & Petermann, F. (2006). Perceived stress, coping, and adjustment in adolescents. *Journal of Adolescent Health*, 38, 409 – 415.
- Huang, B., Kosterman, R., Catalano, R.F., Hawkins, J. D., & Abbott, R. D. (2001). Modeling mediation in the etiology of violent behaviour in adolescence: A test of the social development model. *Criminology*. 39(1), 75–107.
- Hyde-Nolan, M.E., & Juliaio, T. (2012). Theoretical basis for family violence. In R.S. Fife., & S. Scharger., (Eds.), *Family violence: What health care providers need to know* (pp.5-16). Ontario: Jones and Bartlett Learning.
- Jason, L. (2017, July 7). 75 learners suspended from hostel after stabbing incident. *The New Era*. Retrieved from [tps://www.newera.com.na/2017/07/07/75-learners-suspended-from-hostel-after-stabbing-incident/](https://www.newera.com.na/2017/07/07/75-learners-suspended-from-hostel-after-stabbing-incident/)
- Jones, K. A., (2007). Assessing the impact of father-absence from a psychoanalytic perspective. *Psychoanalytic Social Work*, 14, 43–58.

- Kerr, M. A., & Schneider, B. H. (2008). Anger expression in children and adolescents: a review of the empirical literature. *Clinical Psychology Review*, 28(4), 559-77.
- Konishi, C., & Hymel, S. (2014). An attachment perspective on anger amongst children aged between 11-14 years. *Merrill-Palmer Quarterly*, 60(1), 53-79.
- Legal Assistance Centre (LAC). 2012. *Seeking Safety: Domestic Violence in Namibia and the Combating of Domestic Violence Act 4 of 2003 – Summary Report*. Windhoek: LAC.
- Lemus, E. L., & Johnson, F. A. (2008). Relationship of Latino gang membership to anger expression, bullying, ethnic identity, and self-esteem. *Journal of Gang Research*, 16(1), 13-32.
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic and mixed methods research in psychology: The APA publications and Communications Board task force report. *American Psychologist*, 73(1), 26-46. <http://dx.doi.org/10.1037/amp0000151>
- Lindhard, T. (2015). Emotions including anger, bodily sensations and the “Living Matrix”. *The Open Psychology Journal*, 8, 3-10.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative health research*, 14(5), 726-735.
- McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. *Perfusion*, 30(7) 537–542.

- Mikulincer, M. (1998). Adult attachment style and individual differences in functional versus dysfunctional experiences of anger. *Journal of Personality and Social Psychology*, 74, 513-524.
- Ministry of Health and Social Services (MoHSS/Namibia and ICF International. (2014). *Namibia Demographic and Health Survey 2013 Summary Report*. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.: Retrieved from <http://dhsprogram.com/pubs/pdf/FR298/FR298.pdf>
- Muris, P., Meesters, C., Morren, M., & Moorman, L. (2004). Anger and hostility in adolescents: Relationships with self-reported attachment style and perceived parental rearing styles. *Journal of Psychomatic Research*, 57, 257-264.
- Novaco, R. W. (2003). The Novaco Anger Scale and Provocation Inventory. Los Angeles: Western Psychological Services.
- Novaco, R. W. (2011). Anger dysregulation: Driver of violent offending. *The Journal of Forensic Psychiatry & Psychology*, 22, 650-668.
- Nunuhe, M. (2014, May 7). Prosecutor General (PG) shocked by extent of child abuse. *The New Era*. Retrieved from <https://www.newera.com.na/2014/0/07/pg-shocked-extent-child-abuse/>
- Odgers, C. L., & Russell, M. A. (2017). Violence exposure is associated with adolescents' same- and next-day mental health symptoms. *Journal of Child Psychology and Psychiatry*, 58(12), 1310-1318.
- Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky Families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, 128(2), 330–366.

- Pietkiewicz, I., & Smith, J.A. (2012). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychology Journal*, 18(2), 361-369.
- Pullen, L., Modrcin, M. A., McGuire, S. L., Lane, K., Kearney, M., & Engle, S. (2015). Anger in adolescent communities: How angry are they? *Paediatric Nursing*, 41(3), 134-140.
- Rholes, W. S., Simpson, J. A., & Orina, M. (1999). Attachment and anger in an anxiety-provoking situation. *Journal of Personality and Social Psychology*, 76(6), 940-957.
- Ridner, S. H. (2004). Psychological distress: Concept analysis. *Journal of Advanced Nursing*, 45(5), 536-546.
- Rostami, M., Saadati, N., & Ghezelsefloo, M. (2015). The relationship between childhood abuse experience and primary stress confronting methods and maladaptive schemas. *Journal of Fundamentals of Mental Health* 17(6), 269-77.
- Rueth, J. E., Otterpohl, N., & Wild, E. (2017). Influence of parenting behaviour on psychosocial adjustment in early adolescence: Mediated by anger regulation and moderated by gender. *Social Development*, 26(1), 40-58.
- Sanz, J., Garcia-Vera, M. P., & Magan, I. (2010). Anger and hostility from the perspective of the Big Five Personality Model. *Scandinavian Journal of Psychology*, 51, 262-270.
- Sigfusdottir, I., Farkas, G., & Silver, E. (2004). The role of depressed mood and anger in the relationship between family conflict and delinquent behaviour. *Journal of Youth and Adolescence*, 33(6), 509-522.



- Simasiku, O. (2017, October 11). Knife threat leads to learner's death. *The New Era*. Retrieved from <https://www.newera.com.na/2017/10/11/knife-threat-leads-to-learners-death/>
- Smith, J. & Beukes, J. (2018, March 28). Drugs fuel school violence. *The Namibian Sun*. Retrieved from <https://www.namibiansun.com/news/drugs-fuel-school-violence2018-03-28/>
- Smith, S. D., Stephens, H. F., Repper, K., & Kistner, J. A. (2016). The relationship between anger rumination and aggression in typically developing children and high-risk children aged between 11-14 years. *Journal of Psychopathological Behaviour*. <http://dx.doi.org/10.1007/s10862-016-9542-1>
- Social Impact Assessment and Policy Analysis Corporation (SIAPAC). (2008). *Knowledge, Attitudes and Practices: Study on factors that may perpetuate or protect Namibians from violence and discrimination: Caprivi, Erongo, Karas, Kavango, Kunene, Ohangwena, Omaheke and Otjozondjupa regions*. Windhoek: Ministry of Gender Equality and Child Welfare.
- Steinberg, L. (2005). Cognitive and affective development in adolescence. *Trends in Cognitive Sciences*, 9(2), 69-74.
- Strauss, D. (2013). Will you leave me too?: The impact of father absence on the treatment of a 10-year-old girl. *Journal of Child and Adolescent Mental Health* 25(2), 119–130.
- Sukhodolsky, D. G., Smith, S. D., McCauley, S. A., Ibrahim, K., & Piasecka, J. B. (2016). Behavioral interventions for anger, irritability, and aggression in children and adolescents. *Journal of Child and Adolescent Psychopharmacology*, 26(1), 58–64.

- Takrousta, E., & Koolae, A. K. (2016). The effectiveness of Life Skills Training in male students' anger control. *Journal of Global Pharma Technology*, 12(8), 97-106.
- Thomas, S. P., Bannister, S. C., & Hall, J. M. (2012). Anger in the trajectory of healing from childhood maltreatment. *Archives of Psychiatric Nursing*, 26(3), 169-180.
- Underwood, M. K. (2003). *Social aggression among girls*. New York, NY: The Guilford Press.
- United Nations International Children's Emergency Fund (UNICEF). (2006). *HIV and AIDS: Knowledge, Attitudes, Practices and Behaviour (KAPB) study in Namibia. (Report on key findings)*. Windhoek: UNICEF Namibia.
- United Nations International Children's Emergency Fund (UNICEF). (2015). *Towards a Namibia fit for children: Situational analysis on the status of children's and adolescents' rights, 2010-2013*. Windhoek: UNICEF Namibia.
- Women's Action for Development (WAD), University of Namibia, & Namibian Prison Service. (2006). *Understanding the perpetrators of violent crimes against women and girls in Namibia: Implications for prevention and treatment*. An unpublished research report.
- Wolf, K.A., & Foshee, V. A. (2003). Family violence, anger, expression styles and adolescent dating violence. *Journal of Family Violence*, 18, 309-316.
- Wongtongkam, N., Ward, P.R., Day, A., & Winefield, A. H. (2016). The relationship between exposure to violence and anger in Thai adolescents. *Journal of Interpersonal Violence*, 31(13), 2291–2301.
- World Health Organisation (WHO). (2016). *Adolescence*. Retrieved from [www.who.int/maternal\\_child\\_adolescent/topics/adolescence/dev/en/](http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/)

World Health Organisation (WHO). (2013). *Global school-based student health survey*. Retrieved from [http://www.who.int/ncds/surveillance/gshs/2013\\_Namibia\\_Fact\\_Sheet.pdf](http://www.who.int/ncds/surveillance/gshs/2013_Namibia_Fact_Sheet.pdf).

World Health Organisation (WHO). (2011). *Improving Quality and Equity in Education in Namibia: A Trend and Gap Analysis*. Retrieved from [https://www.unicef.org/namibia/UNICEF\\_2011\\_Ninnes\\_Trends\\_and\\_Gaps\\_final\\_combined](https://www.unicef.org/namibia/UNICEF_2011_Ninnes_Trends_and_Gaps_final_combined)

Züll, C. (2016). *Open-Ended Questions. GESIS Survey Guidelines*. Mannheim, Germany: GESIS – Leibniz Institute for the Social Sciences. <http://dx.doi.org/10.15465/>

## APPENDICES

### Appendix A: Ethical Clearance Certificate



#### ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: FHSS/341/2017      Date: 20 October, 2017

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy And Guidelines. Ethical Approval Is Given In Respect Of Undertakings Contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

**Title of Project:** Exploring And Understanding The Associated Risk Factors Of Maladaptive Anger For Children Aged Between 11-14 Years In A Namibian School Setting

**Researcher:** Lucy-Ann De Koe

**Student Number:** 9110631

**Supervisor(s):** Dr Manfred JaniK

**Faculty:** Faculty of Humanities and Social Sciences

Take note of the following:

- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
  - (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
  - (ii) Request for an ethical compliance report at any point during the course of the research;

UREC wishes you the best in your research.

Prof. P. Odonkor: UREC Chairperson

A handwritten signature in black ink, appearing to be 'P. Odonkor', written over a horizontal line.

Ms. P. Claassen: UREC Secretary

A handwritten signature in black ink, appearing to be 'P. Claassen', written over a horizontal line.

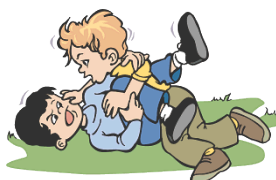
## Appendix B: Interview Guide

### INTERVIEW GUIDE

Experiencing & understanding of anger



1.
  - a. What do you think the girl/boy feels like in the picture
  - b. Do you also feel like that sometimes
2. What comes to mind when you think of yourself being angry?
3. Can you think about a time when you were really angry?
4. Can you tell me how you were feeling at the time
5. What happens to your body when you get angry
6. Can you draw a picture of yourself when you angry
- 7.



- a. In the picture what are the two boys/girls doing?
- b. Why do you think they are doing what they are doing?

- c. Whom of the two boys/girls would you like to be and why?
  - d. Do you always fight when you angry with a person your age, size?  
And what happens if person is older, bigger in size?
  - e. What do you do when you are angry but cannot fight?
  - f. Tell me about the last time you fought with someone?
8. Do you think it is right that when you are angry at someone to:
- a. Be mean to that person or someone else
  - b. Hit that person or someone else
  - c. Shout at person or someone else
  - d. Shove or push the person or someone else
  - e. Swear at the person or someone else
  - f. Stay mad at someone for more than a day
  - g. Hurt yourself
  - h. Use alcohol or smoke
  - i. What else is right to do to the person or someone else when you are angry\_\_\_\_\_

#### Attitude about anger/Impulse

- 9. What would you do if you stand talking to your friends break time and another learner playing a running game with his/her friends accidently ran into you and bumps you over?
- 10. What would you do if you see you best friend is getting in a fight with another learner?
- 11. What would you do if your teacher asks you to read a really difficult part and as you struggle to read it, the whole class starts laughing at you?

12. What will you do if you hear from someone else that your best friend told stories about you behind your back?
13. What would you do if your mother/father/family member embarrasses you in front of your friends by either being rude, stupid or drunk?

#### Family and peer modelling

14. What happened the last time you saw people fighting at home?
15. What happened the last time you saw people fighting at school?
16. What happened the last time you saw people fighting in the neighbourhood?



17.
  - a. What do you see when you look at the pictures?
  - b. Tell me about an incident at home when the grownups were angry at each other. What happened and what did you do?
18. If you and you friend are playing soccer in the street and another boys say something bad to your friend while passing by, will you get angry because your friend gets angry?
19. If your friend runs after the boy who insulted him and starts to argue with him will you also run after the boy and argue with him?
20. Do you have friends that get angry easily?
21. Do your friends argue or fight with the people that make them angry?

22. Tell me about an incident when one or more of your friends got angry. What did you do?

23. Do you also argue or fights with the people that makes your friend/s angry?

#### Adverse family situation

24. When do you get angry at your mother? Why?

25. When does your mother get angry at you? Why?

26. When do you get angry at your father? Why?

27. When does your father get angry at you? Why?

28. When do you get angry at your brothers/sisters? Why?

29. When do your bothers/sisters get angry at you? Why?

30. When do you get angry at your grandparents? Why?

31. When do your grandparents get angry at you? Why?

32. When do you get angry at your aunt/uncle? Why?

33. When do you get angry at other family members?

34. Tell me what happened the last time your mother /father/brother/sister/other family members got angry at you? Why?

35. Who else makes you angry?

36. Why do they make you angry?

#### Stress

37. How does it feel to be stressed?

38. Are you stressed sometimes? Why?

39. Do you feel angry when you think about your future? Why?

40. Do you feel angry when people don't trust you?



41. Do you feel angry when you have a lot of homework to do and your elder family member sends you to do something else?
42. Do you feel angry if you want to go play with you friends but you are told to do your chores first?
43. Do you get angry at your friend if he/she is late when you had a plan to meet at a specific time and you have to wait for him/her?
44. Do you feel angry when a teacher tells you to do our work over or give you additional work because she/he feels your work was not done right?

#### Attachment

45. When talking to your mother/father/person that you stayed with since you were a baby, do they seem interested in what you have to say?
46. After a day of school do you share what you did and what happened at school with your mother/father/person you stayed with since birth?
47. Do you share your feelings about your school day with your mother/father/person you stayed with since birth and your feelings regarding your school day?
48. Do your father/mother/person you stayed with since birth always listens to you or do they listen mostly when you show them you are angry?
49. Do you sometimes feel angry towards your mother/father/person you stayed with since birth without knowing why?
50. Tell me about a time when you had a lot of fun with your mother/father/person you have stayed with since birth?
51. Tell me about a time when you felt especially loved by your mother/father/person you have stayed with since birth?

52. If your mother/father/person I stayed with since birth came home from work/anywhere else can you sense that they are not feeling ok?
53. Tell me about a time where you sense your mother/father/person you stayed with was not feeling ok and what did you do?
54. When you need a hug or some love from your mother/father/person you have stayed with since birth it is easy for you to go to them and hug them or tell them you need a hug?

#### Social Support

55. Who do you talk to when you feel angry/sad
56. Is there someone in your family that would see when you are upset
57. What would they do when they see you being angry or upset
58. What does your fiends do when they see you are angry/sad
59. Who do you talk to about your feelings/secret stuff
60. Do you trust anyone enough to tell them when you angry and why you angry and what normally happens then

## **Appendix C: Informed Consent and Assent Form Samples**

### **INFORMED CONSENT FORM**

This informed consent form is for the parents of children aged between 11-14 years at A.I Steenkamp Primary School, Windhoek, Namibia whom are invited to participate in research focussing on exploring and understanding the associated risk factors of maladaptive anger for children aged between 11-14 years in a Namibian school setting.

Principal investigator: Lucy-Ann De Koe

Research supervisor: Dr. Manfred Janik

Institution: University of Namibia

This informed consent form consists of two parts:

1. Information sheet
2. Certificate of informed consent

### **PART 1. INFORMATION SHEET**

#### **1. Introduction**

As a second year Masters of Arts (Clinical Psychology) Student at the University of Namibia, in partial fulfilment of the mentioned qualification, I am undertaking a research study focused on exploring and understanding the associated risk factors of maladaptive anger for children aged between 11-14 years in a Namibian school setting.

This consent form serves as invitation for your child to participate in this study.

You are not obligated to allow your child to participate in this research study and

you are free to choose whether you are comfortable with your child taking part in this research project. Please feel free to discuss your willingness before making a final decision.

## **2. Purpose of the research**

The social and clinical problems resulting from maladaptive anger can only be addressed once risk factors are well established through exploration of the phenomenon. Maladaptive anger in children aged between 11-14 years also impacts their family, peers, educators and the community. This research will assist with development of programs that can assist your child and other children to better understand and regulate their anger and curb violence in the society.

## **3. Voluntary participation**

Your willingness to allow your child to participate in this research study should be completely voluntary. You may further, at any point during the research study, choose to withdraw your consent and stop your child to participate.

## **4. Procedure**

Should you decide to consent that your child participates, he/she will be asked to complete a demographic survey and to undergo one-on-one interview that will be conducted by Lucy-Ann de Koe. She will ensure that he/she is comfortable, and start off by answering any questions that he/she may have about the research. The questions that your child might be asked would be: How does it feel when you get angry? How do you know when someone is angry? Who makes you angry?

Interviews will take place at the school in a room that would allow for confidentiality. The interview will be voice recorded for the learners who is comfortable and assent to being voice recorded. The voice recorded data will be

stored safely in a locked cabinet when not in use for the purposes of this research and it will be permanently deleted after a period of five years. The information that is recorded will remain confidential. No one except the researcher and her supervisor will have access to it.

## **5. Duration**

The interviewing process will take approximately 45 minutes to an hour and will be after school on dates that you would be informed of prior to the interview.

## **6. Risks and discomforts**

The interview questions may be sensitive at times and your child does not have to answer any questions that he/she not feels comfortable with. Should your child shows signs of distress as a result of sensitive nature of questions, the interview will be immediately terminated and initial counselling will be done as the researcher is a registered psychologist in training. Should the need exist for more in depth counselling, your child will be refer to a social worker (Ministry of Gender Equality and Child Welfare) for counselling.

## **7. Benefits**

There will be no immediate and direct benefit to your child or to you, but your child's participation is likely to help us find out more about how children aged between 11-14 expresses maladaptive anger and these can help schools and individuals to understand and treat maladaptive anger, aggression and violence of children of that age group better.

The psychology community may benefit from the information gathered as it will have a greater scientific understanding of maladaptive anger of children between 11-14 years of age. The information gathered may also provide valuable feedback the Ministry of Education, Arts & Culture and assist in developing

programs that may benefit children between the ages of 11-14 in expressing maladaptive anger and the violence associated with it.

### **8. Confidentiality**

No information about your child will be shared with anyone outside of the research team. The information collected will be kept private. No one will be able to identify that it is information shared by your child when reading the final write up resulting from this research study.

### **9. Sharing of research findings**

Research findings will be shared in a timely fashion. The findings will be printed in a research thesis and will be presented firstly for grading with the University of Namibia. Articles may further be published in academic journals.

### **10. Contact Details**

Researcher: Ms. Lucy-Ann de Koe

+264811272525

Research Supervisor: Dr. M. Janik

+264 61 206 3144

The research proposal for this research study has been approved by the Psychology Section, the Faculty of Humanities and Social Sciences, the Post Graduate Studies Committee and the Research Ethics Committee at the University of Namibia. It was further submitted to and approved by the Ministry of Education, Arts and Culture.

## **PART 2: CERTIFICATE OF CONSENT**

### **STATEMENT BY THE RESEARCH PARTICIPANT PARENTS/LEGAL GUARDIAN**

I have received an explanation on the purpose of the research study and I have had an opportunity to ask questions and clarification on areas that seemed unclear to me. After careful consideration of what will be expected of me to consent that my child becomes a research participant, I am completing this informed consent form.

I understand the limits to confidentiality and how the information gathered during this study will be used. I hereby consent voluntarily for my child to participate in this research study.

Print Name of Parent/Legal

Guardian\_\_\_\_\_

Signature of Parent/Legal

Guardian\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **STATEMENT BY THE RESEARCHER/PERSON TAKING CONSENT**

I have accurately read out the information sheet to the parent/legal guardian of the participant, and to the best of my ability made sure that the purpose of the study and the procedure that will be followed is understood. I confirm that the parent/legal guardian of the participant was given an opportunity to ask questions about the study and that all questions asked have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and

voluntarily. A copy of this Information Sheet and Consent Form has been provided to the parent/legal guardian of the participant.

Print Name of Researcher/person taking the

consent\_\_\_\_\_

Signature of Researcher /person taking the

consent\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---



## **Informed Assent Form**

This informed assent form is for children between the ages of 11-14 who are learners at A.I Steenkamp Primary School, Windhoek, Namibia and who we are invited to participate in research focussing on exploring and understanding the associated risk factors of maladaptive anger for children aged between 11-14 years in a Namibian school setting.

**Principal investigator: Lucy-Ann De Koe**

**Research supervisor: Dr. Manfred Janik**

**Institution: University of Namibia**

This Informed Assent Form has two parts:

- Information Sheet (gives you information about the study)
- Certificate of Assent (this is where you sign if you agree to participate)

### **Part I: Information Sheet**

#### **Introduction**

As a second year Masters of Arts (Clinical Psychology)4 Student at the University of Namibia, I am undertaking a research study focused on exploring and understanding the associated risk factors of adolescent maladaptive anger in a Namibian school setting. This assent form serves as an invitation for you to participate in this study. You are not obligated to participate in this research study and you are free to discuss your willingness before making a final decision.

We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your approval. If you are going to participate in the

research, your parent(s)/guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your parents have agreed. You may discuss anything in this form with your parents or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately. There may be some words you don't understand or things that you want me to explain more about because you are interested or concerned. Please ask me to stop at any time and I will take time to explain.

### **Purpose**

We want to find better ways to understand and prevent children like yourself expressing anger in ways that are unhealthy and ends in violence. We are interested in children aged between 11-14 years that are learners of A. I Steenkamp Primary School. You don't have to take part in this research if you don't want to. If you decide not to take part in the research, it is okay and nothing changes. Even if you say "yes" now, you can change your mind later and it's still okay.

### **Procedure**

We are going to complete a demographic survey and a one-on-one interview that will be conducted by Lucy-Ann de Koe. She will ensure that you are comfortable. The questions that you would be asked will be like: How does it feel when you get angry? How do you know when someone is angry? Who makes you angry?

The interview will take place at the school in a room that would allow for confidentiality. The interview will be voice recorded only if you are okay with your voice being recorded. The voice recorded data will be stored safely in a locked cabinet when not in use for the purposes of this research and it will be permanently deleted after a period of five years. The information that is recorded will remain confidential. Should you however not be comfortable with having your voice recorded, you can still participate and what your answers will be written down. Afterwards the interviewer and you will go through what you said again and you will have a chance to confirm that what you have said is indeed what was written.

### **Confidentiality**

We will not tell other people that you are in this research and we won't share information about you to anyone who does not work in the research study.

Information about you that will be collected for the research will be put away and no-one but the researchers will be able to see it. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key.

### **Benefits of research**

There will be no immediate and direct benefit to you, but your participation is likely to help us find out more about how children aged 11-14 expresses maladaptive anger and these can help schools and individuals to better understand and treat maladaptive anger, aggression and violence of children.

The psychology community may benefit from the information gathered as it will have a greater scientific understanding of maladaptive anger of children in this age group. The information gathered may also provide valuable feedback the Ministry of Education, Arts & Culture and assist in developing programs that may benefit children between the ages of 11-14 in expressing maladaptive anger and the violence associated with it.

## Contact Details

Researcher: Ms. Lucy-Ann de Koe

+264811272525

Research Supervisor: Dr. M. Janik

+264 61 206 3144

## PART 2: Certificate of Assent

I understand the research is about anger and how it is expressed with the aim to develop programs that can help children like me to better understand and express anger and curb the violence that sometimes comes from anger. I have had the information read to me, I have had my questions answered and know that I can ask questions later if I have them.

**I agree to take part in the research      YES/NO**

**I have no objection to my voice being recorded** **YES/NO**

Print name of child \_\_\_\_\_

Signature of child: \_\_\_\_\_

Date: \_\_\_\_\_

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the child understood the nature of the research and issues of willingness to participate and confidentiality. I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this assent form has been provided to the participant.

Print Name of Researcher taking the assent\_\_\_\_\_

Signature of Researcher taking the assent \_\_\_\_\_

Date \_\_\_\_\_

Copy provided to the participant Yes\_\_\_ No \_\_\_\_

(initialled by researcher)

Parent/Guardian has signed an informed consent Yes\_\_\_ No \_\_\_\_

(initialled by researcher)

## Appendix D: Ministry of Education, Arts and Culture Research Approval



REPUBLIC OF NAMIBIA

### MINISTRY OF EDUCATION, ARTS AND CULTURE

Tel: +264 61-2933200  
Fax: +264 61-2933922  
Enquiries: C. Muchila  
Email: [Cavin.Muchila@moe.gov.na](mailto:Cavin.Muchila@moe.gov.na)

Luther Street, Govt. Office Park  
Private Bag 13186  
Windhoek  
Namibia

File no: 11/1/1

Ms. Lucy-Ann De Koe  
Cell: 081 127 2525

Dear Ms L. De Koe


#### SUBJECT: PERMISSION TO CONDUCT RESEARCH AT KHOMAS REGION

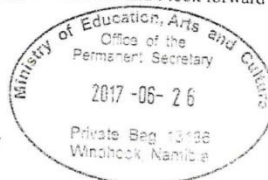
Kindly be informed that permission to conduct research for your Master's Degree in "Exploring and Understanding the Associated Risk Factors of Adolescent Maladaptive Anger in a Namibian School Setting" in Khomas region is herewith granted. You are further requested to present the letter of approval to the Regional Director to ensure that research ethics are adhered to and disruption of curriculum delivery is avoided.

Furthermore, we humbly request you to share your research findings with the ministry. You may contact Mr C. Muchila at the Directorate: Programmes and Quality Assurance (PQA) for provision of summary of your research findings.

I wish you the best in conducting your research and I look forward to hearing from you soon.

Sincerely yours

  
SANET L. STEENKAMP  
PERMANENT SECRETARY



26/6/17  
Date

*All official correspondences must be addressed to the Permanent Secretary*

## Appendix E: Research Approval from Director of Education



REPUBLIC OF NAMIBIA  
KHOMAS REGIONAL COUNCIL  
DIRECTORATE OF EDUCATION, ARTS AND CULTURE  
SECTION: RACE

Enquiries: Ms. E. Haipinge  
Tel.: (+264) 61 293-4509/0812561584  
Fax: (+264) 61 25-0135  
E-mail: emiliethomas24@gmail.com



Private Bag 13236  
Windhoek

14 July 2017

Ms. Lucy-Ann De Koe  
Cell: 0811272525  
: 0811296303

Dear Ms L. De Koe

### REQUEST TO CONDUCT RESEARCH AT A.I. STEENKAMP PRIMARY SCHOOL IN KHOMAS REGION

Your request on the above subject refers.

Permission is hereby granted to you to conduct a research on "*Exploring and Understanding the Associated Risk Factors of Adolescent Maladaptive Anger in a Namibian School Setting*" at A.I. Steenkamp Primary School in the Khomas Region with the following conditions.

- ❖ The Principal of the school to be visited must be contacted before the visit and agreement should be reached between you and the Principal.
- ❖ The school programme should not be interrupted.
- ❖ Learners who will take part in this research will do so voluntarily and confidentiality should be maintained.
- ❖ The Directorate of Education, Arts and Culture should be provided with a copy of your research findings

I wish you the best in conducting your research.

Yours Sincerely

  
Gerard N. Vries  
Director of Education, Arts and Culture  
14-07-2017  
DIRECTOR  
KHOMAS REGION

Date: 14/07/2017