

Anger and Adolescence

Öfke ve Adölesan

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ABSTRACT

Objective: The aim of this review is to discuss and evaluate the possible outcomes of methods and preventive interventions for adolescents to identify the feeling of anger and management.

Methods: Research papers from 2000-2020 were searched in national and international databases (Pubmed, EBSCOHost, Science Direct, Ulakbim Turkish Medical Index, Turkish Medline). Turkish and English keywords were used “adolesan, öfke, öfke yönetimi”; “adolescence, anger, anger management”.

Results: Approximately 1.8 billions of individuals are in adolescence in the world and although the majority of these individuals are healthy; a significant percentage of them experience serious or mortal diseases and other issues. Major physical, psychological and social changes occur in adolescence. Individuals start seeking experiences and they encounter certain risks with these changes. Because of the emotional change adolescents go through, they have difficulties with effective communication and also managing anger. The individuals who are not capable of managing their anger often express their anger maladaptively and show violent behavior. The aggressive behavior arising from inability of managing anger present a great concern for parents, educators and mental health professionals, given its outcomes on mental health and well-being on adolescents.

Conclusion: Identifying risks and creating interventions for preventing psychopathology and morbidity in adolescence is important. Adolescents as a risk group should be trained by nurses, who have an important place in the provision of health services, on the cause, expression and control of anger, anger, problem solving, communication skills, coping skills, and the information sources they can reach should be taught to adolescents.

Keywords: Adolescence, anger, anger management, psychiatric nursing.

ÖZ

Amaç: Bu derlemenin amacı adölesanların öfke duygusunu tanıması ve öfke yönetimini sağlaması için yapılacakları, önleyici girişimleri literatür doğrultusunda tartışmak ve sonuçlarını değerlendirmektir.

Yöntem: Uluslararası ve Ulusal veri tabanlarında (Pubmed, EBSCOHost, Science Direct, Ulakbim Tıp Veri Tabanı, Türk Medline) 2000-2020 yılları arasında bulunan makaleler taranmıştır. Türkçe “adölesan, öfke, öfke yönetimi”, İngilizce “adolescence, anger, anger management” anahtar kelimeleri kullanılmıştır.

Bulgular: Dünyada yaklaşık 1.8 milyar bireyin adölesan çağıda olduğu; çoğu sağlıklı olmakla beraber önemli bir bölümünün ciddi ve hatta ölümcül hastalıklar, sorunlar yaşadığı saptanmıştır. Bu dönemde fiziksel, ruhsal ve sosyal alanda büyük değişimler olur. Adölesanlar, bu değişimle beraber deneyim arayışı içerisine girmekte ve bazı risklerle karşılaşmaktadır. Bu dönemde pek çok duygusal değişim yaşayan adölesan etkili iletişim kurma ve öfke duygusunu yönetmeyle ilgili de önemli sorunlar yaşamaktadır. Her zaman olumsuz olmasa da, öfke duygusuyla nasıl baş edileceğini henüz bilmeyen adölesan, öfkesini uygun olmayan şekillerde dışa vurarak çeşitli şiddet içerikli problemlerle davranışlarda bulunabilmektedir. Gençlerde öfke duygusunu yönetememeyle ilgili gelişen saldırgan davranışlar, adölesanların ruh sağlığı ve iyiliğine olan etkileri düşünüldüğünde hem aileler hem eğitimciler hem de ruh sağlığı uzmanları için büyük endişe oluşturmaktadır.

Sonuç: Psikopatoloji ve morbiditeyi önlemek için riskli durumların tanınması ve korunmaya yönelik müdahalelerin geliştirilmesi önemlidir. Riskli grup olarak ergenlere öfkenin nedenleri, ifade biçimleri, yönetimi, problem çözme, iletişim becerileri ve sağlıklı baş etme becerileri konularında sağlık hizmetlerinin sunulmasında önemli bir yeri olan hemşireler tarafından eğitimler verilmeli ve ulaşabileceği bilgi kaynakları adölesanlara öğretilmelidir.

Anahtar kelimeler: Adölesan, öfke, öfke yönetimi, psikiyatri hemşireliği.

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Introduction

Anger is one of the most common emotions experienced by young girls and boys during adolescence. Anger, when expressed appropriately, is a normal and natural emotion that can be felt by everyone. However, when anger gets out of control, it can become destructive and cause problems in school and/or work life, personal relationships and general quality of life (Kökdemir, 2004). Adolescents who do not yet know how to deal with this emotion may express anger in inappropriate ways, leading to many problems such as aggression, depression, suicide, and substance use (Daniel et al., 2009; Navis, 2012).

Adolescence is a period in which important opportunities can be caught in terms of recognizing risky health behaviors, acquiring maintaining ways of protection. For this reason, instead of waiting for adolescents to apply to mental health institutions when they experience problems with anger, it should be a priority to raise their awareness about anger and to respond to their needs with community-oriented service systems. In this context, adolescents should be educated on the causes of anger, the effects of anger, anger control, and healthy coping skills which they can use to solve their problems (Eser & Ustun, 2011; Serin, 2019; Siyez & Tan Tuna 2014).

The Definition of Anger

It is possible to conceptualize anger, which we often experience in our daily lives, with definitions belonging to many different disciplines in the literature. As one of the universal feelings, anger is described as “a negative emotion felt by the individual when restricted, prevented and attacked and may be concluded with aggressive actions in various types towards the person or condition of cause” in the field of psychology (Budak, 2019).

Lowth (2015) accepted anger as a normal human feeling and expressed it as a way to free mental and emotional pressure. In addition to this, she stated that it could be seen as a defense mechanism, a coping strategy, a way to change challenging/unwanted feelings, or a reasonable answer that would be given in some circumstances.

According to Paull and Gerhart (2019) anger is a cross-cultural emotion. This feeling can be experienced commonly in many places at the same time. Moreover, threatening, aggressive and dominant behaviors which are extrinsic responses of anger can be experienced also by the people in other cultures.

Novaco (2017) described anger as a basic feeling with important functions. According to him, feeling

of anger provides human survival in nature in biological, psychological, and social terms. Any perception of threat developed in an individual activates anger together with the management of cognitive structures. As anger enables to activate responses given to the threat, it serves to maintain this movement.

Concepts of Anger and Violence According to the Theories

From a psychoanalytical perspective, Freud evaluates anger as a dimension of aggression. According to Freud, there are two instincts in humans that are opposite to each other. These are the instincts of life and death. While instinct of life, i.e. libidinal energy, is associated with sexual pleasure, instinct of death is intertwined with anger and aggression. These instincts are dynamic strengths aiming to achieve feeling of pleasure by orienting the organism towards a purpose (Guner et al., 2018; Ozmen, 2006; Palombo et al., 2018).

According to Freud, the primary goal of an organism is to prevent tension caused by the pressure created by instincts. Children, who cannot transfer their impulsive energies due to social problems they face, are required to delay pleasure of discharge to continue development and to admit realistic ways in order to get satisfied. Here, in this case, a state of delay in pleasure causes feeling of anger and reveals conflict (Palombo et al., 2018). This unconscious state of psychic conflict may be altered by defense mechanism while becoming conscious, but sometimes it may be observed as aggressive behaviors directly (Dilekler et al., 2014).

According to Adler, anger is an effort to be superior over others and to be strong. Adler states that aggressive instincts are the most important driving force affecting a human's life. Applying violence creates a feeling of superiority in the individuals who can not achieve the best through social contributions. An intense sense of inferiority may transform a human being into an individual who can destroy another entity through actions such as punching, threatening, or pointing a gun at someone. In these individuals, personal benefits are more important than social benefits. Therefore, they experience the belief of the ‘self’ concept more intensively instead of community belief. This fact causes an increase in the violent incidents (Prochaska & Norcross, 2013).

According to Kernberg, who is one of Contemporary Object Relations Theorists, anger is the primary effect that is clustered around the aggression impulse included in the psychopathology

of hate. The main emotion that signals the activation of aggression is anger. A specific relationship between a part of self and a part of an important object lies under the responses of anger. The main function of anger is to destroy the source creating pain or discomfort at an early period. It is to eliminate the condition preventing satisfaction at later periods. In the next stages of development, anger responses are the last resort applied to regain a sense of autonomy in cases of perceived frustration (Kernberg, 2019).

Neurobiological perspective associated anger and violent behaviors with the prefrontal cortex of the brain. Frontal lobe and prefrontal cortex access full maturity during the adolescence period. Significant activities such as ensuring emotional regulation, controlling behaviors, making decisions, making and implementing plans, and regulating individual's behavior based on internal and external stimuli and desires are carried out in these regions. Lesions in the prefrontal cortex may cause negative emotional responses and violent behaviors. In addition, individuals having frontal lesions may experience a weakening in emotional control and in their capacity to evaluate the consequences of their behaviors. As a result of this, negative behaviors may occur again due to difficulty in establishing empathy, disruption in evaluating maladaptive behaviors, and weakening in their insight (Yalcin & Erdogan, 2013).

Anger and violent behaviors are a type of learning that is realized within the social environment of an individual in terms of social learning theory. According to the social learning theorists, aggression is acquired later through learning as all our other behaviors. The formation of this learning behavior mostly includes reinforcers, punishment, and observation by imitation. According to this theory advocating that behaviors are acquired by observing actions and behaviors of others, individuals imitate and learn hostile and aggressive behaviors around them. Especially children or adolescents gain and develop their personality by taking mother, father and people around as a model. Aggressive behaviors and violent actions exhibited by these models cause the upbringing of generations that learn by modeling similar behavioral patterns (Engin, 2014; Ozmen, 2006). Social interactions in daily life may be a precursor of anger as well as they may be influenced by the consequences of anger (Adana & Arslantas, 2011; Dilekler et al., 2014). The importance of familial factors has been emphasized in the studies

performed and it was revealed that violence tendency was higher among the adolescents who had seen violence from the parents and families of the ones, who did not show violent behaviors, were found to have a better anger control (Genc et al., 2017; Gencoglu et al., 2014).

Another theory, that underlines the importance of learning process in the formation of anger, is Cognitive Behaviorist Theory. According to this theory, anger which is a cognitive-based emotional state arises due to misunderstanding, evaluation, and thinking processes (Balkaya, 2001; Cam & Engin, 2014; Sahin, 2005). The individual experiences anger as a result of irrational beliefs, expectations and inner conversations. Besides, the presence of hostile beliefs such as vindictiveness and distrust of others are among the other factors (Nasir & Abd Ghani, 2014). This misperception and distorted form of evaluation are patterns/schemes that are ingrained from childhood (Cam & Engin, 2014). According to their cognitive schemes, anger is developed as a result of the meaning that an individual attributes to certain events and situations which she/he perceives as provocative or offensive and learns from the environment and relationships (Dilekler et al., 2014; Novaco, 2017). According to this approach again, individuals' irrational beliefs on themselves, the environment, and the world create feelings as anxiety and anger. The factor leading to the differences in the emergence and expression of anger between individuals is explained as what the stimulus means to the individual rather than the stimulus itself. Therefore, individuals' interpretation of the events and the meaning they attribute to them reveal the feeling of anger (Ozmen, 2006). According to this theory, individuals are required to change their underlying thoughts in order to manage their anger. When a negative situation occurs, individuals are shown their own negative perceptions, stereotyped ways of thinking, and evaluations in order not to reveal anger, and they have gained a rational perspective towards the event and new and more advanced options and explanations (Cam & Engin, 2014; Ozmen, 2006). Moreover, this approach emphasizes the importance of accepting those demoralizing events almost always exist for all of us and the world where we live has a depriving, restricting, and unfair side in order to cope with the feeling of anger in a healthy way (Prochaska & Norcross, 2013).

According to existentialists, individuals are aware of their own existence, what they are doing and what is happening to them. Therefore, each

individual has the ability to make decisions about the events and the ability to undertake his/her own responsibility (Corey, 2009; Engin, 2014; Ozmen, 2006). According to Fritz Perls, who is one of the important representatives of existentialist theory, feeling of anger towards the others creates an internal critical attitude. The individual reflects his/her anger to others and believes that they are angry since he/she does not accept his/her self-critical attitudes and undertake responsibility (Ozmen, 2006). Individuals should undertake the responsibility of their all emotions including negative feelings (such as fear, anxiety, guilt, shame, hate, etc.) in order to cope with anger in the existentialist approach (Corey, 2009).

The Factors Creating Anger

Many factors affect the emergence of anger. These are environmental incidents, psychological processes, cognitive process and structuring, factors influencing the state of physiological arousal and hormonal processes (Novaco, 2017; Paull & Gerhart, 2019; Sahin Kiralp & Ozben, 2015).

According to Deffenbacher (2011) stimulants causing anger can be addressed in three groups. First, anger may emerge due to external stimuli in some circumstances. Events disappointing or provoking the individual (such as traffic jam), behaviors of others (such as the use of a critical or disrespectful language), objects (such as a broken computer), or individual's own behaviors (such as goofing or being late for a meeting) may cause a feeling of anger. The common feature of these is the ability of the individual to know the cause of his/her anger clearly. Moreover, individual generally feels anger for such stimulants at an appropriate/balanced level.

The second one is the ability of external stimulants to reveal anger-related memories and images in some situations. When a situation causes the emergence of anger as well as reminding other anger-related memories, it causes an increase in the level of anger. In such cases, individuals may not recognize the cause of it completely. Therefore, the anger felt and exhibited by the individual may appear to be extreme or inappropriate. The third is that anger may emerge by the effect of internal stimuli associated with thoughts as well as emotions. It is possible for an individual to get angry by thinking about inequity, injustice, evil, or any other negative behaviors experienced in the past. The more the individual thinks about this issue, the more intense anger he/she feels. Anger may also emerge due to other emotions. For instance; feelings such as

rejection, sorrow, shame, or humiliation may cause anger (Deffenbacher, 2011).

The Symptoms of Anger

Anger leads to various physiological, psychological, cognitive, and behavioral changes in individuals. Feelings of fear and excitement which are caused by anger, cause the sympathetic part of the autonomic nervous system to become activated. As a result, some physiological changes are observed in an individual's body; the sympathetic system prepares the organism for energy discharge and tries to prepare the body for a potential necessary movement (Ozmen, 2006; Paull & Gerhart, 2019).

Physiological symptoms such as cardiovascular reactions (increase in heart rate, increase in blood pressure, etc.), increase in blood sugar, frequent and difficult breathing, headaches, muscle, back and neck pain, muscle tension/ stiffness can be observed in an angry individual (Megep, 2017; Paull & Gerhart, 2019; Soykan, 2003). In addition, the facial temperature of individuals increases and their faces turn red (Ozmen, 2006; Novaco 2017). Physiological mechanisms can be a determining factor not only in the severity of anger but also in its duration (Novaco, 2017).

In terms of cognitive and psychological symptoms; feeling guilty about oneself or blaming others, thinking that they have been wronged, impaired concentration, decreased performance, insomnia, decreased functionality of thought, attention, perception and memory can be observed in angry individuals (Megep, 2017; Paull & Gerhart, 2019).

In terms of behavioral symptoms in an angry individual; staring, lip puckering, clenching, frowning and repetitive movements can be observed (Ozmen, 2006). Anger can also cause various other symptoms such as verbal aggression (cursing, threats, teasing, etc.) and physical violence (slapping/kicking, hitting, etc.). (Megep, 2017; Paull & Gerhart, 2019; Soykan, 2003). In addition, there may be some negative behaviors such as alcoholism, smoking, restlessness, impetuosity, drug use, and overeating (Megep, 2017).

Anger Expression Styles

Anger is a complex human feeling. The energy released in the organism together with anger finds an opportunity to discharge through its expression in various styles, and the individual gets relaxed (Ozmen, 2006). The expression of anger varies from individual to individual (Bedel & Kutlu, 2019; Ozmen, 2006; Paull & Gerhart, 2019; Soykan,

2003). While some individuals suppress, ignore or deny their anger, some others may express it as bursts (Bedel & Kutlu, 2019; Paull & Gerhart, 2019; Soykan, 2003).

When anger is experienced, four different anger expression styles can be exhibited. These are trait anger, anger-out, anger-in and anger-control (Ozer, 1994; Starner & Peters, 2004).

Trait Anger: According to the report by Ozer (1994), Spielberg addresses anger in two ways including “continuity” and “contingency” concepts. Situational anger is an emotion that occurs depending on the current situation and varies from person to person in terms of intensity and duration. It emerges when the person’s goal-directed behavior is inhibited or the individual perceives the event as an injustice or rejection. Situational anger also shows how severe subjective sensations such as bad temper, anger, and rage are experienced at the same time. Trait anger, also known as a tendency for anger, is a concept that expresses how often situational anger is experienced (Adana & Arslantas, 2011; Ozer, 1994; Quinn et al., 2014). Individuals with a high level of trait anger get angry more often and they experience more disappointment, feeling of anger, and threat perception. Therefore, these individuals experience more problems which are caused by anger in their relationships and managing their anger can be more difficult for them (Dilekler et al., 2014; Ozmen, 2006; Paull & Gerhart, 2019).

Anger-out: It is the transfer of anger out directly in an uncontrolled way in order to cope with the stress created by anger-triggering stimuli (Starner & Peters, 2004). Humans can show anger as violent behaviors from a fit of mild anger to verbal expression (shouting, swearing, yelling) or physical aggression (hitting, throwing away or breaking some things, beating) (Adana & Arslantas, 2011; Sahin, 2005; Serin, 2019). Individuals may experience bursts of anger especially when rejected, exposed to an attack, or threatened, and in case of situations where they were disappointed, suffered, or felt powerless (Deffenbacher, 2011; Paull & Gerhart, 2019). Individuals who cannot control anger, in this case, may exhibit aggressive behaviors towards other people by orienting anger to outside (Dilekler et al., 2014, Novaco, 2017; Ozdemir et al., 2019; Serin, 2019).

Although externalized expression of anger, also known as aggression, provides temporary relief in the individual, this situation results in the consumption of their energy and causes them

difficulty in controlling their own behaviors after a while (Ozmen, 2006; Tatlioglu & Karaca, 2013). Besides, anger-out may cause many communicational problems in the environment as well as school or work life of the individual (Siyez & Tan Tuna, 2014).

Anger-in: It is defined as keeping anger inside, having a difficulty in expressing it, and reflecting it with passive responses. Individuals, who direct their anger in, can mask it with passive responses such as lack of communication, withdrawal, sulking, and pout (Albayrak & Kutlu, 2009; Ozmen, 2006; Starner & Peters, 2004).

Individuals, who have difficulty in expressing feelings of anger, may suppress their anger due to the rules and measures they have inside. They may expect others to understand that they are angry through mind reading. Their unfulfilled expectations may cause individuals to feel anger inside through disappointment, to suffer, and experience resentment (Ozmen, 2006; Starner & Peters, 2004). Furthermore, this anger may be converted into physical violence, verbal/critical language (such as swearing) or self harm (Anjanappa et al., 2020; Sahin, 2005).

As the inability to express anger will not eliminate it, it causes an increase in its level and accumulation, and also it leads individuals to keep this anger in mind for a longer time. Suppressed anger may cause various physical (hypertension, coronary artery diseases, head, stomach, and muscle pains), mental (anxiety, depression, psychosomatic diseases), and emotional problems in the future (Tatlioglu & Karaca, 2013).

Anger Control: The ability to express anger in a proper way is called “anger control” (Tatlioglu & Karaca, 2013; Ozdemir et al., 2019). Anger is a feeling that requires not to be repressed and to be directed outside with violent behaviors in an uncontrolled way. The healthiest way to be used for coping with stress created by anger and preventing it to become harmful is to manage anger in a good way (Starner & Peters, 2004). Anger control aims to make individuals express this feeling in a harmless way that is away from aggression and violence (Tatlioglu & Karaca, 2013). Individuals, who use this power that enhances their problem-solving and decision-making skills, give a constructive response by trying to express anger in proper ways (Ozdemir et al., 2019; Starner & Peters, 2004).

There are many methods of teaching anger control (relaxation, cognitive restructuring, problem-solving, gaining communication skills,

etc.). (Ozmen, 2006; Tatlıoğlu & Karaca, 2013). The appropriate method varies from individual to individual. While choosing an appropriate method, choosing a method complying with the personality trait and lifestyle and making individual not experience more distress while implementing this method are the main factors to be considered (Tatlıoğlu & Karaca, 2013).

Anger control, which has an important place in personal and social development, is important in terms of protecting mental, physical, and emotional health. A well anger control helps us to establish more powerful and healthier relationships with others. It enables creating of a harmonious social structure and give positive energy to the individual (Oz & Aysan, 2012).

Feeling of Anger and Adolescence Period

Many changes are experienced during the adolescence period and many problems are faced. Physical and mental problems most commonly experienced by adolescents have been reported to be early pregnancy and delivery, sexual behavior and reproductive health problems, other transmitted diseases, psychological problems, smoking, alcohol, drug use, accidents, bad dietary habits and obesity, sexual abuse and violent behavior (Taghizadeh Moghaddam et al., 2016). Individuals give responses in cognitive, behavioral and sensual terms to protect themselves against these problems, to achieve their goals and to overcome the obstacles in front of them (Karababa & Dilmac, 2015; Quinn et al., 2014).

At this age, one of the most frequently experienced feeling is anger (Adana & Arslantas, 2011; Albayrak & Kutlu, 2009; Karababa & Dilmac, 2015; Quinn et al., 2014). The source of anger is generally social problems. For example, adolescents mostly get angry due to being mocked, ridiculed, criticized, unfairly punished and ruled, having things going wrong and having goods taken without notice (Gordeles Beser, 2014).

Adolescents constitute a group of individuals who mostly respond to daily problems with anger and use anger-out strategies in interpersonal problems (Blanchard-Fields & Coats, 2008; Quinn et al., 2014). Adolescents also have more difficulties in ensuring anger control compared to other age groups (Blanchard-Fields & Coats, 2008; Marcus, 2017; Quinn et al., 2014). In this context, adolescents who cannot control anger, may experience many physiological (sweating, increase in pulse/breathing, headache, etc.), psychological (depression, suicide, substance addiction, eating

disorder, etc.), and legal problems (violence, antisocial behaviors such as aggression, committing a crime, etc.). (Albayrak & Kutlu, 2009; Daniel et al., 2009; Karababa & Dilmac, 2015). Lack of anger control during the adolescence period may also result in negative consequences including problems in family patterns, isolation, academic failure, loneliness, and escaping from home/school (Lowth, 2015).

Early detection of high-level anger in adolescents will make a significant contribution to anger management studies performed by healthcare professionals (psychiatrist, psychologist, psychological consultant, psychiatric nurse, social service worker) (Albayrak & Kutlu, 2009; Anjanappa et al., 2020; Bilge & Unal, 2005; Serin, 2019). These studies will provide students the opportunity to get to know their peer groups closer and to recognize that they can create alternative behaviors; and also, a connection will be established between the students who participate in training (Miller & Kraus, 2008; Topcu Kabasakal et al., 2015). With the expression of anger by adolescents in a controlled way, behaviors such as violence and bullying will be prevented at schools, risk factors leading to school violence will be decreased and commitment of the students to school will show an improvement in a positive way.

The Role of Nurses in Anger Management

Adolescents who are in the process of biopsychosocial change and growth, are in the search for new experiences in this period and may encounter certain risks. They especially have difficulty communicating and managing their anger (Topcu Kabasakal et al., 2015; Taghizadeh Moghaddam et al., 2016). Chronic or physiological problems that threaten adolescents' mental health such as issues in interpersonal relationships, school-work and family life, smoking, substance abuse, eating disorders, depression, and violent behavior can be seen in adolescents who cannot manage the feeling of anger appropriately (Taghizadeh Moghaddam et al., 2016).

Providing anger management classes, counseling on this issue and teaching methods of anger control is a community mental health service. Nurses are one of the important elements of the professional healthcare team that can reach individuals directly and provide uninterrupted service to them with regards to anger management problems. Nurses aim to help individuals gain the ability to express the feeling of anger correctly in a non-violent way that is free from aggression and does not harm the

individual or others around them (Bilge & Unal, 2005).

Individuals may need mental health professionals to cope with difficulties, negative emotions and thoughts throughout their lives (Bonell et al., 2015; Videbeck, 2020). All members of the society, especially adolescents who experience such problems can directly reach out to nurses in family health centers, community mental health centers, schools, psychiatric outpatient clinics, or child and adolescent polyclinics. Psychiatric nurses who take initiatives with regards to individuals and society with their professional knowledge and experience, can help the adolescent to manage this troublesome process by evaluating in a broader perspective. Therefore, they can make an important contribution to the adolescent's effective adaptation to biopsychosocial change.

An aggressive or passive reaction to anger can escalate the situation and cause anger to increase even further. For this reason, nurses need to make eye contact with the individual and speak in a clear and calm tone. In addition, their posture should not be threatening, they should look relaxed and make clear expressions. Nurses should also carefully observe changes in the individual's behavior, signs of increase or decrease in emotional intensity and react to individuals accordingly. They should not represent themselves as an authority figure or a representative of an official organization, but a person who is interested and willing to help, when providing care for individuals (Lowry, 2016; Videbeck, 2020).

Nurses can use many methods to manage an individual's anger in emotional, communicative, behavioral and cognitive dimensions. Firstly, nurses should help the individual to recognize the situations that trigger anger emotion and to define the anger type (In which situations do I get angry? How do I react? What do I feel?). Nurses should try to ensure that the angry individual informs their environment about this situation, gives them time to calm down, changes their own environment, tries to clarify the problem and seeks solutions, to confront the problem in unchangeable situations, to use their humor, to give the event a new perspective and a new framework. Nurses should inform and teach individuals about techniques that calm anger such as deep breathing and relaxation exercises, imagery, using yoga and meditation techniques. In addition, when the individual feels anger towards themselves or their environment, they should develop the ability to describe the situation objectively, to explain their

thoughts, to express their feelings, to change their way of thinking or comments with more rational ones. Individuals should be made aware of their cognitive distortions and over-generalizations. Nurses should provide guidance and counseling services on developing interpersonal communication skills, active listening, and empathy when they face a negative situation or behavior (Adana & Arslantas, 2011; Bilge & Unal, 2005; Lowry, 2016). Psychiatric nurses should spare enough time for adolescents and allow them to express their feelings and changes in their lives.

In addition to these; initiatives can be made to organize training seminars for anger and anger management. These educational interventions can help adolescents increase their level of knowledge, create appropriate (healthy) ways of expressing their feelings, strengthen interpersonal relationships, and reduce their stress levels. In addition, nurses play an important role in carrying out preventive and protective health services development activities for adolescents at risk and in guiding the social institutions and resources that adolescents can benefit from according to their needs when necessary.

Conclusion

While psychological consulting is introduced during adolescence period which is a special developmental period, it is recommended to use individual approaches considering the characteristics of development period (Cepukiene & Pakrosnis, 2011; Rapheal, 2019). It is required to apply short-term interventions, to be in cooperation and to take care of their thoughts, values and perspectives while working with the adolescents (Kazdin, 2002; Rapheal, 2019). Students in adolescence period should not be expected to struggle with the challenges in their lives and health problems alone. Adolescents want their wishes, needs and feelings to be understood, their parents and other adults to accept their ideas, to be actively involved in making decisions about themselves, their mistakes to be conveyed by constructive critics and to be shared problems and asked for their ideas as an adult.

The stages of human development have indicated that adolescents, who are able to control their anger and fear, have empathy, establish cooperation and relationship with their peers and use an effective language instead of intimidating or violent behaviors, are more versatile, tolerant and kind individuals (Marcus, 2017). For this reason, this

risky group should be given education concerning the causes of anger, anger expression styles, anger control, problem solving, communicational skills and stress management. Moreover, psychiatric nurses, who are mental health professionals, should be informed about the mental changes specific to this period and the sources of information they can reach should be taught.

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What did the study add to the literature?

- It is of great importance to protect and improve adolescent health in order to create healthier generations free from violence and with anger control.
- To know about anger and anger control problems for adolescents in our country; It will contribute positively to the reduction of violence and aggression behaviors, the provision of anger management, the strengthening of the talents, skills and capacities of the youth, and the recovery of them in case of illness.

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