ANGER, SELF-ESTEEM, AND PERCEIVED SOCIAL SUPPORT IN ADOLESCENCE

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A survey model was used with 499 students between 16 and 18 years of age to investigate associations between perceived social support, self-esteem, trait anger, and anger expression revealed by the Perceived Social Support scale - Revised (Yıldırım, 2004), the Rosenberg Self-Esteem Scale (Rosenberg, 1965; Turkish version Cuhadaroglu, 1986), and the Trait Anger and Anger Expression Scale (Spielberger, Jacobs, Russell, & Craine, 1983) translated and adapted by Ozer (1994). Pearson product-moment correlation coefficients were determined. There was a significant negative relationship among anger expression and the social support and trait anger perceived from family and teachers, and between self-esteem and trait anger. However, there was no significant relationship between peer support and trait anger, anger-in, anger-out, and anger control; nor was there a significant relationship between self-esteem, anger-in, and anger-out. We also identified a significant positive relationship between self-esteem and anger control, and between self-esteem and the social support received from family and teachers.

Keywords: social support, self-esteem, trait anger, anger expression.

Adolescence is a period in which there are dramatic changes, and as a result of such changes an individual’s perception of the world is altered. It is well documented that there are emotional ups and downs during this period (Adams, 1995). Adolescents are angered when their physical or social activities are prevented or in the case of an attack on their personalities, positions, or status in society. An adolescent may display anger when he or she is criticized, embarrassed, underestimated, or ignored and perceive such situations as threats to his/her already extremely sensitive personality (Yazgan-Inanç, Bilgin, & Atıcı,
Therefore, an adolescent’s behavior can be explained by scrutinizing his/her emotions. Eisenberg and Delaney (1998) argue that anger is a result of a person’s personal appreciations and frustrations. According to those authors, there are three causes of anger: frustrating situations, situations in which an individual’s efficiency and security are under threat, and when the person’s behaviors do not match his/her expectations. According to Spielberger (1991), anger consists of two components: state anger and trait anger. State anger is a subjective emotion accompanied by muscle tension and stimulation of the autonomous nervous system; its intensity may deviate from quite mild to quite strong. The intensity of state anger may change as a function of the attack an individual perceives, or the intensity of unjustness or frustration. However, trait anger is perceived in far more situations as displeasing and frustrating, and accordingly it is described as a tendency to have rather frequent state anger.

There are three dimensions of anger: physiological, social and cognitive, and behavioral and reaction. The physiological dimension of anger is related to a physiological change occurring in the body when an individual is exposed to a frustration or situation that increases anger (Kısaç, 1997). The social and cognitive dimension explains the interpretation of perceived anger within an individual. The reasons for anger, fear, and uneasiness are not related to the event itself, but rather to individuals’ perception and how they interpret the symbols in their minds; their cliché beliefs; comments and evaluations of the events; and the ideas produced from these beliefs, comments, and evaluations (Ozer, 2000). Finally, the behavior and reaction dimension of anger is an expression of whether anger is expressed or not, and if it is, how it is expressed (Kısaç, 1997). Each individual expresses anger differently (Kesen, Deniz, & Durmuşoğlu, 2007). The expression may be defined as externalization, internalization, or controlling (Ozer, 1994; Spielberger, 1991).

For adolescents, the anger stimulus is social. Nevertheless, other people’s personalities and behaviors may also trigger anger in young people (Yazgan-Inanc et al., 2007). For this reason, adolescents and their families may have conflicts with society. The adolescent attempts to create a balance between his/her ideas and his/her family’s and society’s ideas. Therefore, adolescence is an important period that must be understood by both the family and society (Arslan, 2008). During adolescence, the feeling of belonging is quite significant (Yesilyaprak, 2005) and a significantly increased amount of time is spent outside of the family with friends, which, in turn, is an important step for socialization. However, it does not mean that the adolescents want to stay away from their families or spend time alone. Those who trust their families and have strong relationships with them have been observed to maintain good relationships with their peers as well (Aydın, 2005). For adolescents to solve problems concerning
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their peers and family, adapt to their environment, and keep themselves psychologically well, social support is important (Altunbas, 2002).

It is important to gather information on how an adolescent perceives the surrounding environment in order to assess the social support system. Social support can be described as the social and psychological support provided by the environment. An individual’s social support system includes peers, friends, and family members, but the most important social support sources are family, peers, and teachers. According to Lewin (1951), behavior is a change that occurs in a psychological environment. All elements of the psychological environment affect behavior. For an adolescent to abolish negative behaviors and attain new ones, it is imperative that s/he be provided with help to make changes in the psychological environment (Yıldırım, 1997, 1998a, 1998b, 2004).

During adolescence, parents make up the source of support for personality merits and important decision making (Wall, Covell, & Macintyre, 1999); teachers play an important role in sanity, academic attitude, and academic success (Gurkan, 1993); but peers are the most sought after sources of help and support. The mutual sharing of personal, social, or moral ideas by peers supports the individual and his/her social development (Turner, 1999). Regardless of the level of stress in the adolescent’s life, social support sources positively affect the individual’s adaptation in a positive way (Cohen & Wills, 1985). Contemporary research on the topic indicates that an individual’s academic success (Yıldırım & Ergene, 2003), problem-solving abilities (Budak, 1999; Unuvar, 2003), social accomplishment level (Altunbas, 2002), decision-making abilities (Gucray, 1998), life satisfaction level (Duru, 2007), and self-esteem (Esenay, 2002; Kahriman, 2002; Unuvar, 2003) are positively affected by an increased social support system.

One of the important concepts during adolescence is self-esteem. Interaction with other people is important for an adolescent and plays a vital role in self-esteem (Harter, 1993). Self-esteem is a developed attitude about one’s personality (Kaya & Saçkes, 2004) and is an important factor in directing behavior throughout the various aspects of life (Hamarta, 2004). Rosenberg (1965) classified self-esteem as positive and negative views in the self-evaluation of an individual as valuable. In this respect, social support is an important factor for the formation of self-esteem during adolescence (Rosenberg, 1981). It is well known that the relationship of parents and peers with the adolescent supports the development of self-esteem (Hoffman, Ushpiz, & Levy-Shiff, 1988; Kulakızıoglu, 2001). According to Coopersmith (1967), the attention an individual receives from other people and the degree of acceptance and respect s/he feels have a role in self-esteem development. High self-esteem makes an individual much more effective, happy, successful, and confident when interacting with the environment. Self-esteem research on the parent-child relationship indicates that, for children and
adolescents who come from more democratic family structures where parental attitudes are perceived tolerantly, the level of self-esteem and self-acceptance is higher (Gucray, 1989; Gungor, 1989).

Taken together, previous studies show that, during the important developmental period of adolescence, factors such as social support, self-esteem, and anger need to be understood. The aim in this study was to scrutinize the relationship among adolescents’ perceived social support, self-esteem, and anger behaviors.

To achieve this aim, answers for the following questions were sought:
1. Is there a significant relationship among adolescents’ perceived level of social support, trait anger and anger expression (i.e., anger-in, anger-out, and anger control)?
2. Is there a significant relationship among self-esteem, trait anger, and anger expression (i.e., anger-in, anger-out, and anger control)?
3. Is there a significant relationship between self-esteem and the perceived level of social support?

METHOD

PARTICIPANTS
The survey model was adopted in this study. The sample set of the research was taken from several high schools in Konya, Turkey by the random set sampling method in 2007. Participants were 499 adolescents (271 female and 228 male) who participated in the research voluntarily. The mean age of the participants was 16.76 years, with a standard deviation of 0.83 years.

INSTRUMENTS

Perceived Social Support Scale-Revised (PSSS-R) The PSSS-R is a 3-point Likert-type, 50-item multidimensional scale measuring perceived social support from three sources: family, peers and teachers (Yıldırım, 2004). Higher scores from the subscales indicate higher perceived social support from respected groups. The reliability and validity of the scale were studied with over 660 students whose ages varied between 14 and 17 years. The internal consistency coefficients of the scale were found to be .94 for family support, .91 for peer support, and .93 for teacher support. Test-retest reliability coefficients were found to be .89 for family support, .85 for peer support, and .86 for teacher support.

Rosenberg Self-Esteem Scale (RSES) The RSES was developed by Rosenberg (1965) and adapted to Turkish samples by Cuhadaroglu (1986). A 10-item brief RSES refers to the global self-worth of individuals, rating on a 4-point Likert-type scale (1 = strongly disagree to 4 = strongly agree). Higher scores on the scale items indicate higher levels of self-esteem. Cuhadaroglu reported test-retest reliability coefficients of .71 during a 4-week period on the Turkish version.
**Trait Anger and Anger Expression Scale (TAAES)** The TAAES which was developed by Spielberger, Jacobs, Russell, and Craine (1983) was used to determine anger levels expressed by people. The scale was translated and adapted into Turkish by Ozer (1994). The first 10 items of the scale measure trait anger, the other 24 items point out individuals’ anger expression styles (i.e., anger-in, anger-out, and anger control). The scale is a 4-point Likert-type scale. The internal consistency coefficients of the scale were found to be .79 for trait anger dimension, .84 for anger control, .78 for anger-out and .62 for anger control (Ozer). Higher scores on trait anger indicate higher anger levels; higher scores on the anger-in subscale indicate higher levels of suppressed anger; higher scores on the anger-out subscale indicate easier anger expression, and higher scores on the anger-control subscale indicate better anger control (Savaşır & Şahin, 1997).

**PROCEDURE**

The Pearson correlation coefficient technique was used to determine the relationships among perceived social support, self-esteem, trait anger and anger expression.

**RESULTS**

Relationships between perceived social support from family, peers and teachers and trait anger, anger-in, anger-out, and anger control among adolescents were studied by Pearson product-moment correlation coefficients and results are given in Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Trait anger</th>
<th>Anger-in</th>
<th>Anger-out</th>
<th>Anger control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>-.14**</td>
<td>-.07</td>
<td>-.10*</td>
<td>.08</td>
</tr>
<tr>
<td>Peers</td>
<td>.06</td>
<td>-.03</td>
<td>.04</td>
<td>.03</td>
</tr>
<tr>
<td>Teachers</td>
<td>-.21**</td>
<td>-.09</td>
<td>-.14**</td>
<td>.07</td>
</tr>
</tbody>
</table>

**p < .01; * p < .05**

As can be seen in Table 1, there is a statistically significant (\(p < .01, \ p < .05\)) negative relationship between social support perceived from family and trait anger, and anger-out. There is also a statistically significant (\(p < .01\)) negative relationship between social support perceived from teachers and trait anger, and anger-out. Other relationships were not found to be statistically significant.
Relationships between self-esteem and trait anger, anger-in, anger-out, and anger control were studied by Pearson product-moment correlation coefficients and results are given in Table 2. It was found that there is a significant negative relationship between self-esteem and trait anger ($r = -0.13$) but a significant positive relationship between self-esteem and anger control ($r = 0.15$). No significant relationships were found between self-esteem and anger-in or anger-out.

Finally, relationships between self-esteem and perceived social support were investigated by Pearson product-moment correlation coefficient. Results show that self-esteem was significantly ($p < 0.01$) positively related to perceived social support from parents ($r = 0.34$), peers ($r = 0.21$), and teachers ($r = 0.14$).

**DISCUSSION**

In this study, we found that there was a negative relationship among social support perceived from families and teachers, trait anger, and anger-out. This result indicates that when adolescents’ perceived social support from family and teachers increases, trait anger and anger-out behaviors decrease. According to Kulaksizoglu (2001), children and adolescents are taught within the family environment that the expression of anger and fury on every occasion is not a positive behavior. Thus, adolescence continues with the concept of when to express anger and fury, to whom, and when to suppress it being kept in mind. In addition to this, it has been found that in families in which there are clashes, a lack of affection, and where emotional sharing is limited, the level of anger is higher (Lopez & Thurman, 1993). Also, the perception of the family as united decreases the adolescents’ showing of trait anger and anger-out (Olmus, 2001). Besides, this relationship between social support and anger perceived from the
family and teachers can be explained with a feeling of loneliness. It is known that adolescents with high social support perception have fewer feelings of loneliness (Demir, 1990; Rook, 1987). Additionally, in research by Uslu (2004) it was found that loneliness is an important predictor of trait anger. All of these opinions and findings indicate that an adolescent’s family and environment affect the way the emotion of anger is expressed and support the findings of our study.

We found no significant relationship among peer support and trait anger, anger-in, anger-out, and anger control. An adolescent can obtain information from his/her equals. The one who is loved and respected by his/her own family might need other people’s approval less, whereas the adolescent who believes that s/he is not loved and respected will seek support outside the family (Orvin, 2008). We were unable to identify a relationship among peer support and trait anger, anger-in, anger-out, and anger control, which can be explained by the fact that, in sampling for anger and anger expression, adolescents perceived more support from their families and teachers than from their peers. Studies of different samplings for different subjects might help in better understanding this result.

Another finding was a significant negative relationship between adolescents’ self-esteem and trait anger. Furthermore, a significant positive relationship was found between self-esteem and anger control. This result indicates that, as long as an adolescent’s self-esteem increases, the level of trait anger decreases and anger control increases. One idea about self-esteem and anger is that individuals who have low self-esteem become angry more easily compared to those who have high self-esteem; the degree of anger is related to self-esteem (Dryden, 1990; Saylor & Denham, 1993). Other studies (Kernis, Granneman, & Barclay, 1989; Okman, 1999) also indicate a relationship between self-esteem and anger, which support the results of our study.

We found a significant positive relationship between adolescents’ self-esteem and perceived social support from family, peers, and teachers. One’s psychosocial development starts in the family, but later on peers gain importance. Acceptance by one’s peers positively affects self-acceptance and self-confidence. The self-esteem of an adolescent who is wanted, admired, and accepted by his/her peers will also develop positively. A person whose self-esteem is low believes that people who are important, mainly his/her parents, do not love and appreciate him/her (Yorukoglu, 1986, 1988). For this reason, it can be assumed that there is a positive relationship between self-esteem and social support, which they perceive from family, peers, and teachers who are so important for an adolescent. Moreover, some studies in which the relationship between social support and self-esteem has been scrutinized (Esenay, 2002; Kahriman, 2002; Unuvar, 2003) have found a positive relationship between social support and self-esteem, which supports the findings of this study.
The results of the current study indicate a relationship among social support, self-esteem, trait anger, and anger expression. These results indicate that, for educational and counseling programs that deal with adolescent anger, perceived social support and self-esteem must be underlined. Moreover, the strong positive relationship between social support and self-esteem indicates that for self-esteem – which is vital to psychological health and social adaptation – to develop, family and teachers, in particular, must be understanding and supportive in their relationships with adolescents.

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