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URL of this article: <http://heanoti.com/index.php/hn/article/view/hn21006>

Assertive Training As A Control Efforts Angry Emotions In Teenagers

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ABSTRACT

One of types of normal human emotion is being angry. Unadaptive anger is passive and aggressive, meanwhile, adaptive anger is assertive. Adolescent phase is critical phase in searching for self identity. Uncontrol anger in adolescent phase causes violent behavior and it has negative impact for the personnel, group, and environment. Moreover, this research aimed at identifying the influence of assertive training against the control of teenager's anger at Junior High School in Surabaya, East Java-Indonesia. The researchers utilized queasy experiment method through pretest – posttest approach with control group by utilizing consecutive sampling technique. Meanwhile, data collection utilized questionnaire. There were two kinds of questionnaires which were used, which were for screening and for prepost-test. Assertive training aimed at improving teenager's control while they were angry. Research result showed that the decrease of anger was significant between before and after being given assertive training ($p < 0.05$). The difference of anger score between in control group and in treatment group was significant ($p = 0.05$). However, assertive training could be used as alternative way in order to improve teenager's control while they were in angry emotion rather than other therapies.

Keywords: Assertive training, Teeneger, Anger

INTRODUCTION

Health, if it is viewed from mental aspect, is a health condition emotionally, psychologically, and socially which is viewed from satisfying interpersonal relation, effective behavior and coping, positive self concept, and emotional stability⁽⁹⁾. Statistic of adolescent according to WHO (2013) was about one fifth of the world population or about 1,2 billion and 85% of teenagers stayed in developed country, including Indonesia⁽¹⁰⁾. Age of 15–19 years was included in adolescent age⁽¹⁾.

Adolescent problem and conflict which were often occurred were pregnancy and childbirth in adolescence, malnutrition, mental health, tobacco use, danger as an impact of alcohol consumption, trauma, violent injury, security and safety riding, HIV in adolescence⁽¹⁰⁾. Adolescent problems in Indonesia generally were brawl, mischief, drug use (Narcotics, Psychotropic and other Addictive Substances), sexual and HIV / AIDS problems⁽¹⁾.

Adolescent problem generally had similarity either in world level or in Indonesia and one of them was violence by teenagers. Violence by teenagers in Indonesia that was identified was known as brawl. *Komnas Komisi Perlindungan Anak Indonesia*⁽⁴⁾ stated that brawl by teenagers caused many victims, such as minor injuries until death and it was about two hundred students in quite long time span, which was twenty three years, started from 1989 until 2012. The violent behavior that was not processed in data was happened between individuals and it was not known actually its rate of occurrence. Violent behavior by teenagers was included in behavior disorder.

Development of teenager's psychosocial was such as fighting behavior which more increased this aggressive behavior. Fighting behavior and aggressive behavior gave impact in violent behavior to demand freedom and difficulty to create a relationship⁽⁵⁾. Violence behavior that correlated with teenager's emotion was being angry. Moreover, inability to control emotion would often arise in adulthood and it became one of factors in failure cause to create meaningful relationship and it would be vicious cycle that enclosed the violence to oneself or other people.

Handling anger based on Novaco's model (1978) focused on individual⁽²⁾. Individual therapy that could be used in order to decrease teenager's anger and aggressive behavior through another therapy, which was assertive training.

This research aimed at identifying the influence of assertive training against the control of teenager's anger at Junior High School in Surabaya, East Java-Indonesia.

METHODS

This research utilized queasy experiment design through pre test – post test approach with control group design. Instrument of data collection that was utilized in this research was questionnaire. The first questionnaire was questionnaire of respondent’s characteristic that contained form of demographic characteristic, which consisted of age, sex, school grade, and school name. Meanwhile, second questionnaire was questionnaire of anger (angry emotion) that consisted of two parts. The first was screening for obtaining sample that qualified researchers’ characteristic, which were teenagers who had high anger scale and low control of anger. The screening questionnaire consisted of 30 items of questions which were measured by likert scale. The 30 items of the questions included multiple choice of answer, which were 1 = always false, 2 = often false, 3 = sometimes false/ sometimes true, 4 = often true, and 5 = always true.

Meanwhile, the second questionnaire was for researching anger that utilized State Trait Anger Scale. This anger scale was consisted of two parts, which were Status Scale/ State Anger Scale that was consisted of 15 statements by utilizing Likert scale, with multiple choice of answer : 1= No at all, 2= rather, 3= average, and 4 = very. While, the next part was Trait-Anger Scale that was consisted of 15 statements by utilizing Likert Scale, as followed: 1= almost never, 2 = sometimes, 3 = often, 4 = always. Moreover, the researchers took 40 samples from control group and 40 samples from treatment group. Then, the researchers invited respondents through school’s help to be given an explanation about this research. The total of students at SMP Kawung (Junior High School) (treatment group) who were present were 38 students from 40 samples. While, at SMP Unesa (Junior High School) (control group), the students who were present were 38 students from 40 samples. The level of respondent’s participation in joining this research until final from SMP Kawung (treatment group) was 29 students, meanwhile, from SMP Unesa (control group) was 29 students.

RESULTS

Table 1 showed that the change of average score from the total of anger in control group before and after the test was not significant (before the treatment was 63.41 and after the treatment was 62.24). While, the result of Paired T Test was obtained p-value=0.585 (p-value>0.05). It meant that there was no significant difference between before and after the test.

Table 1. The Change of Anger Before and After Test in Control Group

Anger control	Before			After		
	Mean	SD	CI 95%	Mean	SD	CI 95%
State anger scale	31.93	6.51	29.46-34.41	31.24	8.31	28.08-34.40
State anger trait scale	31.48	7.35	28.60-34.28	31.00	8.56	27.74-34.25
Total of anger	63.41	13.86	58.15-68.89	62.24	16.88	55.82-68.66
P value 0.585						

Table 2 showed that there was a change of average score from the total of anger in treatment group before and after conducting assertive training (before was 61.28 and after was 58.49). The result of Paired t test was obtained that p-value=0.013 (p-value<0.05). It meant that there was a significant difference between before and after conducting assertive training.

Table 2. The Change of Anger Before and After Test in Treatment Group

Anger control	Before			After		
	Mean	SD	CI 95%	Mean	SD	CI 95%
State anger scale	29.62	6.90	27.00-32.25	28.59	5.94	26.33-30.84
State anger trait scale	31.66	7.35	28.86-34.45	29.90	7.63	27.00-32.80
Total of anger	61.28	14.25	55.86-66.70	58.49	13.57	53.33-63.64
P value 0.013						

Table 3 showed that there was a change of average score between control group and treatment group (control group was 62.24 and treatment group was 58.49). The result of T independent test was obtained that p-value=0.012 (p-value=0.05). It meant that there was a significant difference between control group and treatment group.

Table 3. The Change of Anger Before and After Test in Treatment Group

Anger control	Controul group			Treatment group		
	Mean	SD	CI 95%	Mean	SD	CI 95%
State anger scale	31.24	8.31	28.08-34.40	28.59	5.94	26.33-30.84
State anger trait scale	31.00	8.56	27.74-34.26	29.90	7.63	27.00-32.80
Total of anger	62.24	16.88	55.82-68.66	58.49	13.57	53.33-63.64
P value 0.012						

DISCUSSION

Adolescent was a time period that was full of emotion and it was known as typhoon period and storm period in which emotion that exploded was difficult to be controlled. This exploded emotion was useful for teenager's soul to always search for his/ her self identity and in other words, teenager who wanted to be free but he/ she was still depended to other people, particularly to parents⁽⁷⁾. This adolescent period if did not get any exact treatment, which meant in expressing emotion would cause many problems rather than in other age group. Adolescent students basically got assertive training in order to be able to express the emotion through assertive way. According to literature in assertive training, adolescent client was trained to make relation with other people exactly by using honesty and to express directly either in positive condition or negative condition. Teenager stated his/ her opinion openly and honestly without feeling fear of being guilty⁽⁸⁾. Assertive training was training of social skill and assertiveness taught anybody how to respond appropriately with social environment, to express their opinion correctly so that it could be accepted by the others, and they could reach their goal. Training of social skill did not only relate to assertiveness, but also it was conducted for several duties in real life⁽³⁾. Assertive training in real based on this research was in order to train individual to express his/ her anger through the way that could be accepted by the environment. This anger expression was began by understanding their desire and needs. How the teenagers stated their opinion in which we could observe from their desire and needs was identified whether it was aggressive, passive, or already assertive. Identification of the way to express this anger became a basic for training social skill as what it had been stated in literature. Furthermore, there was a conformity between literature and this research. After the treatment group was given assertive training, the teenagers could control more their anger emotion.

According to literature, assertive training became method that was very often used in changing unadaptive interpersonal behavior. This technique was very effective to change fearful and aggressive behavior⁽⁴⁾. This therapy firstly was developed by Wolpe (1958), then, it was developed by Alberti and Emmons (1970) and also Fersterheim and Baer (1975)⁽⁶⁾. Based on reality that was faced during the research, assertive training that was conducted for five session made the teenagers understood regarding their maladaptive and aggressive behavior. It departed from the understanding of this aggressive behavior. Moreover, teenagers could be trained and directed to change their behavior to be assertive behavior as what it had been stated in literature. Adolescent students in control group could not express their anger assertively or adaptively and this was proved by there was no significant change between before and after doing that. Besides, the significant change was not occurred because the adolescent students was not trained for expressing their anger honestly and openly without any fear. However, there was a conformity between literature and this research that teenager who had assertive training was occurred the change of behavior from aggressive behavior to be assertive behavior and they could control more their emotion. This behavior was not or less gotten in control group which did not get any assertive training. Besides, the control group could control less their anger and express it with less assertive way.

CONCLUSION

The control of teenagers' anger in the group that was not conducted assertive training did not have any significant difference of anger score. Meanwhile, the control of teenagers' anger after being conducted assertive training increased more and more if it was compared with before being conducted assertive training. It was proved by the decrease of anger score. However, there was a significant different score of the control of teenagers' anger between in group that obtained assertive training and another group that did not obtain any assertive training.

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