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## The Epidemiology of Depression, Anxiety, Stress and Anger in Turkish High School Students

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#### Authors' contributions

This work was carried out in collaboration between both authors. Author N. Bayram designed the study, wrote the protocol and performed the statistical analyses. Author N. Bilgel managed the literature search, analyses of the study and wrote the first draft of the manuscript. Both authors read and approved the final manuscript.

Original Research Article

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#### **ABSTRACT**

**Aims:** Depression, anxiety, stress and outward anger expression are important global public health problems of today. These issues are also important in school health.

Study Design: Cross-sectional, descriptive.

**Place and Duration of Study:** Urban area, public high schools. Duration o f the study was 6 months

**Methodology:** In this study which was based on self-reporting we wanted to evaluate the different dimensions of anger and symptoms of depression, anxiety and stress in a group of Turkish students in grades 9-12. Participation to the study was voluntarily and anonymously. Data regarding socio-demographic characteristics were collected by questionnaires. Depression-Anxiety and Stress Scale-42 (DASS-42) and Multi Dimensional Anger Scale (MDAS) were used.

**Results:** Students had mild depression, anxiety and stress levels in general. Female students' depression, anxiety and stress levels were found to be higher than male students. Female students reported more anger symptoms. Being belittled, transgressed

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against and criticized were found to be important anger eliciting situations. Among male students, aggressive behaviors were higher than females whereas calm and anxious behaviors were higher among female students. In terms of interpersonal anger passive-aggressive and inwards directed reactions were found to be higher among female students. There was no significant difference according to gender for being revengeful and being indifferent.

**Conclusion:** Programs of anger management are needed together with those of reducing depression, anxiety and stress.

Keywords: Depression; anxiety; stress; anger; Turkish students.

#### 1. INTRODUCTION

Anger is an emotional state typically accompanied by psychological and biological changes, and can vary from minor annoyance to rage [1]. There are many definitions of anger in the literature. Kassinove and Sukhodolsky defined anger as a negative, phenomenological or internal feeling state [2]. According to Lewis and Golden anger is a basic emotion and response to distress related to environmental obstacles, whose function is to provide the organism with motivated capacities to overcome obstacles [3,4]. Novaco, defined anger as having four distinct components; physiological, affective, behavioral and cognitive [5]. Spielberger, identified two aspects of anger: (a) State anger in which the individual responds emotionally to circumstances and (b) Trait anger which is a more pervasive response [6]. Modern psychologists view anger as a primary, natural, and mature emotion experienced by all humans at times, and as something that has functional value for survival. Parker-Hall conceptualizes controlled anger as a positive, pure and constructive emotion that is always respectful of others; only ever utilized to protect the self in physical, emotional, intellectual and spiritual dimensions in relationships [7]. On the other hand uncontrolled anger can be a significant problem and can result in depression, suicidal tendencies, substance abuse, hostility, rage, violence and crime [8-11].

Depression which could be sometimes a consequence of uncontrolled anger is an important school health problem and major depression which is uncommon before puberty could increase in adolescence [12]. The increase of depression in adolescence is two to three times higher for girls than for boys [13,14]. A study among high-school students aged 16-17 years in a Swedish town found the prevalence of major depression as 5.8% [15]. The prevalence of major depression in interview studies of adolescents in different western countries is 2-5% [16-20]. Studies from eastern countries showed higher rates of anxiety and depression than those from the western countries [21,22]. A study among Vietnamese high school students revealed the prevalence of anxiety and depression as 22.8% and 41.1%, respectively [21]. Analysis of epidemiological studies has led to the conclusion that depression in young age groups is increasing [23-24].

According to the U.S. National Institute of Mental Health 8% of teens aged 13–18 have an anxiety disorder and anxiety is one of the most common forms of mental health disorders in adolescents [25]. Anxiety disorders are said to be universal and recent studies have found relatively high prevalence rates in different countries [26,27].

Some studies revealed associations between depression, anxiety, stress and anger expression [28-33]. Goodwin, analyzed data from a health behavior survey of US school-

aged children and noted that outward anger expression was associated with an almost 3-fold increased risk of feelings of depression among boys [28]. Orpinas, Basen-Engquist, Grunbaum and Parcel noted that students exhibiting violent behaviors in schools were more likely to have symptoms of depression than students not exhibiting such behaviors [33].

Available data, although scarce, from studies conducted in Turkey, suggest high frequencies of outward anger expression among high school students [34-38]. Studies about depression, anxiety and stress among students also revealed high frequencies [39,40]. To date, few studies have evaluated associations of anger and symptoms of depression, anxiety and stress among Turkish youth. In this study we wanted to evaluate anger and symptoms of depression, anxiety and stress among high school students who were living in an urban area.

The present study addresses the following questions:

Do different dimensions of anger among high school students vary between different grades of education and are there gender differences?

How prevalent is depression, anxiety and stress among high school students, with respect to grades and gender?

Are there some correlations between different dimensions of anger and depression, anxiety and stress?

#### 2. MATERIALS AND METHODS

#### 2.1 Study Design

This study was a cross-sectional, descriptive study which depends on self-reporting. Data was collected anonymously. Participation to the study was based on volunteerism. Both the parents and students were informed about the study by printed leaflets. Permission for participation to the study for the students who were under the age of 18 was asked from their parents. Students who were 18 years of age and over gave their own consent. Those who did not want to participate and students whose parents did not permit their child to take part into the study were excluded.

#### 2.2 Study Participants

We took all the enrolled high school students from grade 9 to grade 12 from all public high schools (6 schools, 4 of them were vocational high schools) of the corresponding city into our study. During the time of the study there were 1681 enrolled students. We could not get consent for 38 students and they were excluded from the study. For the remaining 1643 students permission for the study participation was given and we distributed 1643 questionnaires and collected back 1503 questionnaires.

#### 2.3 Study Instruments

In this study we used two instruments.

1. The Multi-dimensional Anger Scale (MDAS), developed by Balkaya & Şahin-Hisli is a five point Likert type self report scale where 1 = Never and 5 = Always [41]. This instrument measures one's anger in terms of five dimensions: bodily symptoms:

anger related situations; anger related cognitions; anger related behaviors; and interpersonal anger. Each dimension except the bodily symptoms is composed of several factor-based subscales. The anger related situations dimension has 42 items clustered in 3 subscales: being transgressed against (17 items); being criticized (5 items); and being belittled (20 items). The anger related cognition dimension has 30 items clustered in 4 subscales: regarding anger (9 items); regarding others (9 items); regarding him or herself (7 items); and regarding the whole world (5 items). The anger related behaviors dimension has 26 items clustered in 3 subscales: aggressive behaviors (12 items); calm behaviors (10 items); and anxious behaviors (4 items). The interpersonal anger dimension has 47 items clustered in 4 subscales: being revengeful (24 items); passive-aggressive reactions (10 items); inwards directed reactions (10 items); and being indifferent (3 items). Psychometric analysis of the scale performed by Balkaya & Şahin-Hisli showed that it possessed adequate internal consistency (alpha coefficients between 0.64 and 0.95) [41].

2. The DASS-42 scale was developed by Lovibond & Lovibond for measuring depression, anxiety and stress [42]. This is a 42 item self reported instrument measuring current (within the past week) symptoms of depression, anxiety and stress. Each of the three scales consists of 14 items that are answered by using a 0–3 scale, where 0 = did not apply to me at all, and 3 = applied to me very much or most of the time (range of possible scores for each scale is 0–42). Scores considered in the normal range are 0–9 for depression, 0–7 for anxiety and 0–14 for stress. Scores above these ranges indicate the degree of problem from mild to extreme. The Turkish version of this scale was constructed by Uncu, Bayram & Bilgel [43]. The reliability coefficients (Cronbach's alpha) of the Turkish version of DASS-42 were found for depression, anxiety and stress to be 0.89, 0.82 and 0.85, respectively [44]. In addition to these two instruments, a separate questionnaire for socio-demographic data was filled out by the participants.

#### 2.4 Procedure

All the questionnaires were distributed to the participants in closed envelopes and collected back in the same manner. Participants were asked to fill out the questionnaires without any identifying marks. Distribution and collection of the questionnaires lasted about two weeks in each school. For this process a period outside of the exam period was preferred. A total of 1643 questionnaires were distributed and 1503 questionnaires were collected back. The response ratio was 91.5%.

#### 2.5 Data Analyses

Data analyses were done by using the SPSS version 17.0 package program. Beside descriptive statistics, correlation analysis, Mann Whitney U test and Kruskal Wallis Variance analysis were performed.

#### 3. RESULTS

Most of the participating students were female (63.7%). They were between ages 14-19 years. Nearly half of the total participants defined their families' economic situation as good. Demographic characteristics of the students are shown in Table 1.

Table 1. Some demographic characteristics of the study group

Demographic Characteristics	N	%	Demographic Characteristics	N	%
Gender			Economic situation (student's perception)		
Female	958	63.7	Good	686	45.6
Male	545	36.3	Moderate	724	48.2
Age			Bad	93	6.2
14	20	1.3	Mother's occupation		
15	389	25.9	Housewife	1249	83.1
16	390	25.9	Blue collar worker	91	6.1
17	436	29.0	Civil servant	62	4.1
18	243	16.2	Professional	15	1.0
19	25	1.7	Other	86	5.7
Grade			Father's occupation		
9. grade	460	30.6	Unemployed	27	1.8
10. grade	352	23.4	Blue collar worker	422	28.1
11. grade	400	26.6	Civil servant	178	11.8
12. grade	291	19.4	Professional	48	3.2
Mother's education			Other	828	55.1
Illiterate	43	2.9	Sisters/brothers		
Primary	974	64.8	None	134	8.9
Secondary	199	13.2	1	789	52.5
High	197	13.1	2	379	25.2
University and more	90	6.0	3 and more	201	13.4
Father's education			Satisfaction with		
			current education		
Illiterate	16	1.1	Yes	984	65.5
Primary	714	47.5	No	113	7.5
Secondary	264	17.6	Don't know	406	27.0
High	297	19.8			
University and more	212	14.1			

Most of the students' parents were alive (95.9%) and still married (94.2%).

The mean (mean  $\pm$  SD) depression, anxiety and stress scores were 9.51 $\pm$ 8.22, 8.59 $\pm$ 6.59 and 16.01 $\pm$ 8.07 respectively which means there was a mild depression, mild anxiety and mild stress state for the study group. As shown in Table 2, we found positive correlations between different dimensions of anger and depression, anxiety and stress except being indifferent subscale of interpersonal anger. Anger symptoms were strongly correlated with depression anxiety and stress. The correlations among anger eliciting situations and depression, anxiety, stress were weak. Anger related cognitions had strong correlations with depression, anxiety and stress. Among behaviors related to anger, aggressive and anxious behaviors had moderate correlations to depression, anxiety and stress whereas calm behaviors had weak correlations. In terms of interpersonal anger being revengeful, passive-aggressive reactions and inwards directed reactions had moderate correlations to depression, anxiety and stress whereas being indifferent had no correlations.

Table 2. Correlations between MDAS and DASS-42

	D	Α	S
Anger symptoms	.569~	.627	.649
Anger eliciting situations			
Being belittled	.241**	.245**	.321**
Being transgressed	.129**	.161**	.272**
Being criticized	.276**	.272**	.382**
Anger related cognitions			
Regarding anger	.552**	.520**	.687**
Regarding others	.562 <sup>**</sup>	.522**	.560 <sup>**</sup>
Regarding him or herself	.619 <sup>**</sup>	.542**	.559**
Regarding the whole world	.658**	.568**	.590**
Behaviors related to anger			
Aggressive behaviors	.384**	.360**	.474**
Calm behaviors	.071**	.147**	.096**
Anxious behaviors	.375**	.393**	.469**
Interpersonal anger			
Being revengeful	.384**	.381**	.489**
Passive-aggressive	.290**	.344**	.457**
Inwards directed	.346**	.380**	.376**
Being indifferent	.017	.013	.012

<sup>\*\*</sup> Correlation is significant at the 0.01 level D= Depression; A= Anxiety; S= Stress

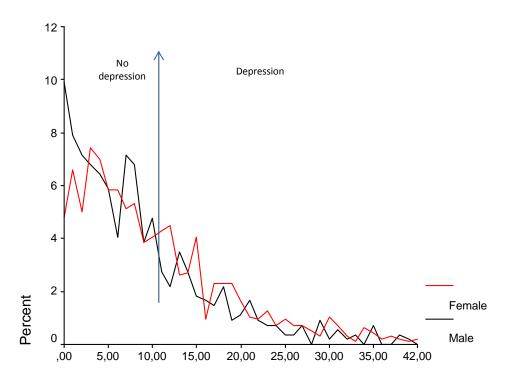
Percent distribution of the study group according to gender and total depression, anxiety and stress scores is shown in Fig. 1.

Male students got lower scores for depression, anxiety and stress more than female students.

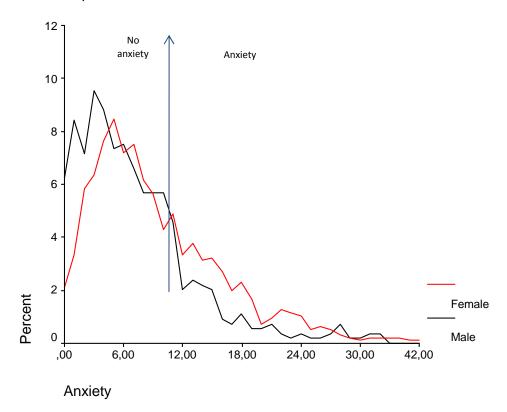
Fig. 2 shows the percent distribution of the study group according to gender and the mean scores of anger symptoms

Scores for anger symptoms were lower among male students than of female students.

The mean scores for the total study group and mean scores according to gender for every dimension of MDAS and its subscales are shown in Table 3.



## Depression



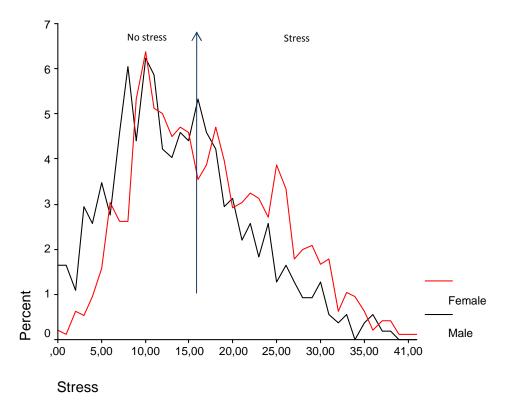


Fig. 1. Distribution of the study group by gender and total depression, anxiety and stress scores

We found statistically significant differences among male and female students in terms of depression, anxiety and stress. The mean scores of female students were higher than those of male students. Anger symptoms were reported more by female students than by males. Female students were more prone to anger eliciting situations like as being belittled, transgressed and being criticized. Anger related cognitions regarding one self and regarding whole world were mostly reported by female students. Aggressive behaviors related to anger were mostly mentioned by male students whereas female students mostly reported calm and anxious behaviors. In terms of interpersonal anger passive-aggressive and inwards directed reactions were addressed by female students more than by male students.

The mean scores according to grades for DASS-42 and for every dimension of MDAS and its subscales are shown in Table 4.

Table 3. Mean DASS-42 and MDAS scores for the total group and according to gender

Variables	Female	Male	Total	Mann	Ζ	р
	Mean±SD	Mean±SD	Mean±SD	Whitney U Test		•
Depression	10.09±8.38	8.49±7.84	9.51±8.22	228463.000	-4.034	.000
Anxiety	9.42±6.75	7.14±6.04	8.59±6.59	203796.500	-7.090	.000
Stress	17.18±8.02	13.95±7.75	16.01±8.07	202100.000	-7.293	.000
Anger	2.59±0.84	2.38±0.86	2.52±0.85	221074.500	-4.944	.000
symptoms						
Anger eliciting						
situations						
Being belittled	3.83±0.78	3.42±0.88	3.68±0.84	184811.000	-9.426	.000
Being	4.32±0.67	3.97±0.80	4.19±0.74	189151.500	-8.890	.000
transgressed						
Being criticized	3.61±0.80	3.34±0.85	3.51±0.83	186724.500	-9.196	.000
Anger related						
cognitions						
Regarding anger	2.58±1.07	2.51±1.02	2.55±1.05	253467.000	939	.348
Regarding	2.56±0.87	2.48±0.91	2.53±0.88	247136.500	-1.722	.085
others						
Regarding him	2.41±0.85	2.30±0.85	2.37±0.85	240304.500	-2.569	.010
or herself						
Regarding whole	2.34±1.05	2.21±1.02	2.29±1.04	242636.000	-2.283	.022
world						
Behaviors						
related to anger						
Aggressive	2.60±0.91	2.80±0.90	2.67±0.91	225093.500	-4.447	.000
behaviors						
Calm behaviors	2.98±0.80	2.85±0.87	2.93±0.83	235953.500	-3.105	.002
Anxious	3.34±0.94	3.08±0.99	3.24±0.97	221006.500	-4.965	.000
behaviors						
Interpersonal						
anger						
Being revengeful	2.88±0.98	2.86±0.97	2.87±0.98	257355.000	457	.647
Passive-	3.49±0.89	3.16±0.92	3.37±0.92	205857.500	-6.827	.000
aggressive						
Inwards directed	3.10±0.79	2.75±0.85	2.97±0.83	197344.500	-7.881	.000
Being indifferent	2.83±1.11	2.80±1.12	2.82±1.11	256903.000	516	.606

The highest depression, anxiety and stress scores were obtained from the students in 12<sup>th</sup> grade. We performed Kruskal-Wallis Test and found significant differences in terms of different dimensions of MDAS. All MDAS scores increased with the increasing grades of the students. Twelfth grade students got the highest and 9<sup>th</sup> grade students the lowest scores.

The mean DASS-42 and MDAS scores according to economic situation are shown in Table 5.

Table 4. Mean DASS-42 and MDAS scores according to grades

Variables	Grade 9	Grade10	Grade11	Grade12	Kruskal Wallis test	p
Depression	9.15±8.36	9.32±7.76	9.03±7.81	10.98±8.93	12.162	.007
Anxiety	8.23±6.31	9.21±6.97	7.83±6.05	9.46±7.09	12.655	.005
Stress	15.42±8.17	16.36±8.02	15.61±7.82	17.0±8.22	9.468	.024
Anger symptoms	2.39±0.83	2.53±0.87	2.53±0.82	2.66±0.88	17.794	.000
Anger eliciting						
situations						
Being belittled	3.65±0.80	3.79±0.76	3.65±0.84	3.65±0.97	6.923	.074
Being transgressed	4.16±0.66	4.29±0.60	4.24±0.72	4.06±0.97	11.179	.011
Being criticized	3.53±0.83	3.56±0.83	3.47±0.82	3.48±0.85	2.130	.546
Anger related						
cognitions						
Regarding anger	2.49±1.03	2.55±1.07	2.45±1.03	2.79±1.03	22.803	.000
Regarding others	2.44±0.88	2.45±0.84	2.50±0.84	2.80±0.95	31.307	.000
Regarding him or herself	2.32±0.85	2.36±0.81	2.33±0.84	2.54±0.89	13.713	.003
Regarding whole world	2.22±1.03	2.22±1.02	2.25±1.02	2.54±1.09	21.425	.000
Behaviors						
related to anger						
Aggressive	2.60±0.90	2.61±0.85	2.61±0.90	2.94±0.97	28.929	.000
behaviors						
Calm behaviors	2.76±0.83	2.94±0.79	2.98±0.79	3.14±0.86	40.564	.000
Anxious behaviors	3.05±0.96	3.26±0.96	3.30±0.93	3.47±0.96	36.179	.000
Interpersonal						
anger						
Being revengeful	2.84±1.00	2.85±0.95	2.81±0.93	3.05±1.02	10.224	.017
Passive-	3.21±0.97	3.35±0.88	3.43±0.84	3.56±0.94	25.001	.000
aggressive						
Inwards directed	2.85±0.85	3.01±0.79	2.94±0.78	3.17±0.87	25.749	.000
Being indifferent	2.75±1.14	2.88±1.16	2.79±1.04	2.89±1.09	4.826	.185

Students who were in good economic situation had the lowest mean scores for depression, anxiety and stress and students in bad economic situation the highest. Anger related cognitions regarding anger, regarding others and regarding the whole world were highest among students in a bad economic situation. Students in bad economic situation reported also more anxious behaviors related to anger compared to students in good and moderate economic situation.

The mean DASS-42 and MDAS scores according to satisfaction with the current education are shown in Table 6.

Table 5. Mean DASS-42 and MDAS scores according to economic situation

Variables	Ec	onomic Situa	tion	Kruskal	р
	Good	Moderate	Bad	Wallis test	
Depression	8.49±7.75	10.03±8.21	12.86±10.34	26.451	.000
Anxiety	7.86±6.19	8.98±6.71	11.02±7.58	22.616	.000
Stress	15.37±7.72	16.36±8.25	17.76±8.71	8.096	.017
Anger symptoms	2.46±0.84	2.52±0.85	2.73±0.91	8.647	.013
Anger eliciting situations					
Being belittled	3.72±0.83	3.63±0.84	3.72±0.82	4.440	.109
Being transgressed	4.23±0.72	4.13±0.76	4.29±0.59	5.667	.059
Being criticized	3.53±0.83	3.48±0.82	3.54±0.84	1.096	.578
Anger related cognitions					
Regarding anger	2.50±1.02	2.55±1.04	2.86±1.18	6.945	.031
Regarding others	2.43±0.86	2.57±0.87	2.89±0.97	23.682	.000
Regarding him or herself	2.33±0.82	2.39±0.84	2.56±1.01	4.365	.113
Regarding the whole world	2.14±0.98	2.35±1.04	2.83±1.21	34.109	.000
Behaviors related to					
anger					
Aggressive behaviors	2.67±0.92	2.63±0.89	2.86±0.94	5.505	.064
Calm behaviors	2.89±0.82	2.98±0.81	2.90±0.89	4.577	.101
Anxious behaviors	3.18±0.96	3.27±0.95	3.46±1.02	8.310	.016
Interpersonal anger					
Being revengeful	2.89±0.96	2.83±0.98	3.05±1.00	4.572	.102
Passive-aggressive	3.40±0.90	3.32±0.92	3.51±0.89	4.226	.121
Inwards directed	2.92±0.82	2.99±0.81	3.13±0.94	5.006	.082
Being indifferent	2.88±1.12	2.74±1.06	2.91±1.27	5.977	.050

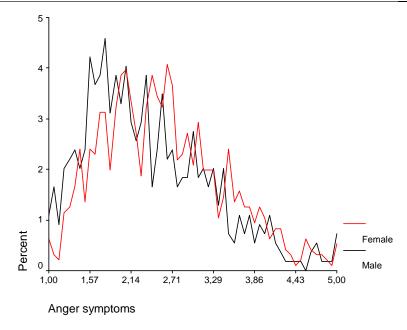


Fig. 2. Distribution of the study group by gender and mean scores of anger symptoms

Table 6. Mean DASS-42 and MDAS scores according to educational satisfaction

	Satisfaction with education		Mann Whitney		
	Yes	No *	U test	Z	р
Depression	8.12±7.40	12.13±9.01	184031.00	-8.926	.000
Anxiety	7.88±6.21	9.92±7.06	210020.50	-5.675	.000
Stress	15.07±7.79	17.77±8.27	205699.50	-6.210	.000
Anger symptoms	2.39±0.82	2.74±0.85	192212.50	-7.894	.000
Anger eliciting situations					
Being belittled	3.61±0.84	3.81±0.81	219512.00	-4.480	.000
Being transgressed	4.16±0.73	4.24±0.73	233280.50	-2.761	.006
Being criticized	3.44±0.84	3.63±0.79	221860.50	-4.196	.000
Anger related cognitions					
Regarding anger	2.39±0.99	2.85±1.07	191092.50	-8.036	.000
Regarding others	2.39±0.84	2.77±0.89	191514.50	-7.984	.000
Regarding him or herself	2.27±0.81	2.56±0.88	206551.00	-6.108	.000
Regarding the whole world	2.12±0.98	2.61±1.06	185048.50	-8.809	.000
Behaviors related to anger					
Aggressive behaviors	2.52±0.87	2.94±0.91	187220.50	-8.519	.000
Calm behaviors	2.91±0.82	2.97±0.83	24352.00	-1.000	.317
Anxious behaviors	3.14±0.95	3.43±0.95	20997.50	-5.684	.000
Interpersonal anger					
Being revengeful	2.72±0.94	3.16±0.96	190130.50	-8.152	.000
Passive-aggressive	3.26±0.89	3.56±0.92	206634.00	-6.092	.000
Inwards directed	2.92±0.80	3.05±0.86	233415.00	-2.743	.006
Being indifferent	2.80±1.11	2.84±1.11	248527.00	856	.392

<sup>\*</sup> Students answered don't know are included

Students who were not satisfied with their current education had received higher scores for depression, anxiety and stress and for all different dimensions of MDAS except calm behaviors related to anger and being indifferent in terms of interpersonal anger.

#### 4. DISCUSSION

This study showed that depression, anxiety and stress are common among Turkish high school students. Female students, students in bad economic situation and students who are not satisfied with their current education are more under the risk of depression, anxiety and stress. With increasing grades the levels of depression, anxiety and stress are increasing. The last year students (12<sup>th</sup> grade) had the highest depression, anxiety and stress scores and this could be explained with the exam they should to take at the end of the 12<sup>th</sup> grade in order to continue their university education. A recent study among 444 Turkish last year high school students found that 2/3 of students had higher anxiety levels and 1/3 had higher levels of depression [39]. Another study among 805 high school students in Turkey found that 17.5% of students were depressive [40]. Compared to the self-reported studies from the western literature the rates of depression, anxiety and stress are higher in our study [16-20, 25]. On the other side they are similar to those of the eastern literature [21,22,27]. Therefore it can be said that cultural differences could have an impact on developing depression anxiety and stress but these issues needs to be further studied.

In this study we found some gender differences in terms of different dimensions of anger. Being belittled, transgressed against and criticized were more important among female students than among male students as anger related situations. Boman, found in his study regarding school anger that two items involved "spreading a rumor" and "having a best friend make fun of one's hair or clothing" did significantly differentiate between males and females and these items were more relevant to the female experience of anger [45].

Studies involving adolescents and children have mainly reported no differences between boys and girls on the experience of anger [45, 46]. However these studies and others have reported significant gender differences in the expression of anger [47-49]. In these studies boys were more likely than girls to use physical expression of their anger. In contrast to these results, Swaffer and Epps, in their study of male and female adolescents, found no significant differences in either the experience or expression of anger [50]. In our study female students were more likely than male students to express their anger by showing anxious behaviors which reflect the fact that female students tended to use more internalized means for coping with anger than did males; namely suppression and control. This finding was similar to those of Cox, Stabb, and Hulgus [47]. Some studies in Turkey showed that females were more affected by the anger eliciting situations, but they did not express their anger as aggressive behaviors [34,38,41]. This study showed that, anxious behaviors were seen more among female students as an expression of anger. Our findings regarding interpersonal anger revealed a difference between male and female students. Passiveaggressive and calm reactions were more frequently among females. On the other hand, there were no differences for being revengeful and indifferent. These differences and their causes should to be further studied.

We found that anger symptoms of students increased with increasing grade. Expression of anger as calm and anxious reactions also seems to increase with grade. Similar findings were obtained from the study of Balkaya and Şahin-Hisli for the expression of anger as a calm reaction which may reflect personal maturity and could be accepted as a sign of positive coping with anger with increasing age [41]. Similar tendencies were found for interpersonal anger in terms of passive-aggressive and inwards directed reactions.

The current study suggested some relations between different dimensions of anger and depression, anxiety and stress. Although the cross-sectional nature of the data does not allow causal assumptions regarding the relation between different dimensions of anger and depression, anger and stress. Studies that investigate these associations with longitudinal epidemiological data are needed next.

#### 5. CONCLUSION

There are few studies in Turkey regarding anger in high school students and therefore we were not able to make proper comparisons. Our study suggests a need for anger management programs as well as effective initiatives for reducing depression, anxiety and stress in high schools. Unfortunately in Turkey, there are not special units for school health. Obviously there is a need for special focus on the adolescent population and their mental health. Hence adolescence is an important period of life. In order to meet the needs of this period school health units with special emphasis on mental health are necessary. Educational institutions need to identify the prevalence of negative mental health states among the students, and especially those at high risk. Teachers and counsellors could work together with these school mental health units and could organize preventive interventions

for depression by targeting behaviors for promoting health, establishing and maintaining social support, and arranging activities that promote high self-esteem. The teachers could change the climate of the school environment in a positive manner. Cooperation with the parents, visiting the homes of the students who are under the risk, social activities out of the class-room could enhance the student- teacher relationship which could be a key stone for diminishing depression, stress and anger in the school environment.

Some key points of this study could be summarized as follows:

- 1. Depression, anxiety, stress and anger are relevant among high school students.
- 2. Female students were more depressive, anxious and stressed than male students
- 3. Students who were satisfied with their education had lower depression, anxiety and stress scores than those who were not satisfied.
- 4. Students with bad economic condition had higher depression, anxiety and stress scores than students with moderate or good.
- 5. Anger symptoms were found to be higher among female students.
- 6. Being belittled, transgressed against and criticized are important anger eliciting situations for female students.
- 7. Male students showed aggressive behaviors as anger related behaviors more than female students.
- 8. Female students showed anxious and calm behaviors as anger related behaviors more than male students.
- 9. Revengeful reactions were similar among male and female students.
- 10. Students with bad economic condition revealed more anger related cognitions regarding others and the whole world.
- 11. Educational satisfaction is found as an important factor in developing depression, stress, anxiety and anger.

#### 6. LIMITATIONS

The cross-sectional, descriptive nature of the study and in particular, the self-reporting assessment of anger, depression, anxiety and stress should be mentioned as a relevant shortcoming of the study.

Results of this study are limited to the study group concerned and cannot be generalized.

#### **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

#### **REFERENCES**

- 1. American Psychological Association [APA]. Controlling anger—before it controls you. Accessed March 22, 2012. Available: <a href="http://www.apa.org/topics/controlanger.html">http://www.apa.org/topics/controlanger.html</a>
- Kassinove H, Sukhodolsky DG. Anger disorders: Basic science and practice issues.
   In: Kassinove H, editor. Anger Disorders: Definition, Diagnosis and Treatment. Washington: Taylor & Francis; 1995.

- 3. Lewis M. The development of anger and rage. In: Glick RA, Roofe SP, editors. Rage power and aggression: The role of affect in motivation, development, and adaptation. New Haven: Yale University Press; 1993
- 4. Golden B. Healthy anger: How to help children and teens manage their anger. New York: Oxford University Press; 2003.
- 5. Novaco R. Anger control: The development and evaluation of an experimental treatment. Lexington, MA: Heath; 1975.
- 6. Spielberger C. State-trait Anger Expression Inventory-2 Professional Manual. Lutz, FL: Psychological Assessment Resources, Inc; 1999.
- 7. Parker-Hall S. Anger, Rage and Relationship: An Empathic Approach to Anger Management. London: Routledge; 2008.
- 8. Kotler M, Iancu J, Efroni R, Amir M. Anger, impulsivity, social support and suicide risk in patients with posttraumatic stress disorder. J Nerv Ment Dis. 2001;189(3):162-67.
- 9. Iliceto P, Pompili M, Candilera G, Natali MA, Stefani H, Lester D, et al. Gender related differences concerning anger expression and interpersonal relationships in a sample of overweight/obese subjects. Clin Ter. 2012;163(5):279-85.
- Sadeh N, McNiel DE. Facets of anger, childhood victimization and gender as predictors of suicide attempts by psychiatric patients after hospital discharge. J Abnorm Psychology. 2013;122(3):879-90.
- 11. Judd LL, Schettler PJ, Coryell W, Akiskal HS, Fiedorowicz JG. Overt irritability/anger in unipolar major depressive episodes past and current characteristics and implications for long-term course. JAMA Psychiatry. 2013;70(11):1171-80. Accessed 29 January 2013. doi: 10.1001/jamapsychiatry.2013.1957.
- 12. Fleming JE, Offord DR. Epidemiology of childhood depressive disorders: A critical review. J Am Acad Child Adolesc Psychiatry. 1990;29:571-80.
- 13. Angold A, Worthman CW. Puberty onset of gender differences in rates of depression: a developmental, epidemiological and neuroendocrine perspective. J Affect Disord. 1993;29:145-158.
- 14. Ferguson DM, Horwood LJ, Lynskey MT. Prevalence and comorbidity of DSM-111-R diagnoses in a birth cohort of 15-year-olds. J Am Acad Child Adolesc Psychiatry. 1993;32:1127-34.
- 15. Olsson GI, Von Knorring AL. Adolescent depression: Prevalence in Swedish high-school students. Acta Psychiatr Scand. 1999;99:324-31.
- 16. Kashani JH, Carlson GA, Beck NC, Hoeper EW, Corcoran CM, McAllister JA, et al. Depression, depressive symptoms and depressed mood among a community sample of adolescents. Am J Psychiatry. 1987;144:931-44.
- Garrison CZ, Schluchter MD, Shoenbach VJ, Kaplan BK. Epidemiology of depressive symptoms in young adolescents. J Am Acad Child Adolesc Psychiatry. 1989;28:343-51.
- 18. Bailly D, Beuscart R, Collinet C, Alexandre JY, Parquet PJ. Sex differences in the manifestations of depression in young people. A study of French high school students. Part 1. Prevalence and clinical data. Eur Child Adolesc Psychiatry. 1992;1:135-45.
- 19. Lewinsohn PM, Hops H, Roberts RE, Seeley JR, Andrews JA. Adolescent psychopathology. 1. Prevalence and incidence of depression and other DSM-111-R disorders in high school students. J Abnorm Psychol. 1993;102:133-44.
- 20. Canals J, Marti-Henneberg C, Fernandez- Ballart J, Domenech E. A longitudinal study of depression in an urban Spanish pubertal population. Eur Child Adolesc Psychiatry. 1995;4:102-11.

- 21. Nguyen DT, Dedding C, Pham TT, Wright P, Joske B. Depression, anxiety and suicidal ideation among Vietnamese secondary school students and proposed solutions: A cross-sectional study. BMC Public Health. 2013;13:11-95. Accessed 29 January 2013. Available: http://www.biomedcentral.com/1471-2458/13/1195
- 22. Phanthavong P, Naphayvong P, Reinharz D. Depression Among Last-Year High School Students in Vientiane, Capital City of Lao PDR. Asia Pac J Public Health; 2013. (Epub ahead of print). Accessed 29 January 2013.

  Available: http://aph.sagepub.com/content/early/2013/05/31/1010539513489135.long
- 23. Klerman GL. The current age of youthful melancholia. Evidence for increase in depression among adolescents and young adults. Br J Psychiatry. 1988;152:4-14.
- 24. Lavori PW, Warshaw M, Klerman G, Mueller TI, Leon A, Rice J, Akiskal H. Secular trends in lifetime onset of MDD stratified by selected sociodemographic risk factors. J Psychiatr Res. 1993;27:95-109.
- US. National Institute of Mental Health. Anxiety disorders in children and adolescents (fact sheet). Accessed 20 June 2013.
   Available: <a href="http://www.nimh.nih.gov/health/publications/anxiety-disorders-in-children-and-adolescents/index.shtml">http://www.nimh.nih.gov/health/publications/anxiety-disorders-in-children-and-adolescents/index.shtml</a>
- 26. Rodrigo C, Welgama S, Gurusinghe J, Wijeratne T, Jayananda G, Rajapakse S. Symptoms of anxiety and depression in adolescent students; a perspective from Sri Lanka Child Adolesc Psychiatry Ment Health. 2010;4:10. Accessed 29 January 2013. Available: <a href="http://www.capmh.com/content/4/1/10">http://www.capmh.com/content/4/1/10</a>
- 27. Bhasin SK, Sharma R, Saini NK. Depression, anxiety and stress among adolescent students belonging to affluent families: a school-based study. Indian J Pediatr. 2010;77(2):161-65. Accessed 29 January 2013. doi: 10.1007/s12098-009-0260-5.
- 28. Goodwin RD. Association between coping with anger and feelings of depression among youths. Am J Pub Health. 2006;96(4):664-69. Accessed 29 March 2012. Available: http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2004.049742
- Kitamura T, Hasui C. Anger feelings and anger expression as a mediator of the effects of witnessing family violence on anxiety and depression in Japanese adolescents. J Interpers Violence. 2006;21(7):843-55. Accessed 29 March 2012. Available: http://jiv.sagepub.com/content/21/7/843
- 30. Koh KB, Kim DK, Kim SY, Park JK. The relation between anger expression, depression and somatic symptoms in depressive disorders and somatoform disorders. J Clin Psychiatry. 2005;66(4):485-91. Accessed 29 March 2012. Available: <a href="http://www.psychiatrist.com/abstracts/abstracts.asp?abstract=200504/040511.htm">http://www.psychiatrist.com/abstracts/abstracts.asp?abstract=200504/040511.htm</a>
- 31. Sperberg ED, Stabb SD. Depression in women as related to anger and mutuality in relationships, PWQ. 1998;22(2):223-38. Accessed 17 March 2012.

  Available: <a href="http://onlinelibrary.wiley.com/doi/10.1111/j.1471-6402.1998.tb00152.x/pdf">http://onlinelibrary.wiley.com/doi/10.1111/j.1471-6402.1998.tb00152.x/pdf</a>
- 32. Verschuur MJ, Eurelings-Bontekoe EH, Spinhoven P. Associations among homesickness, anger, anxiety and depression. Psychol Rep. 2004;94(3):1155-70.
- 33. Orpinas PK, Basen-Engquist K, Grunbaum JA, Parcel GS. The comorbidity of violence-related behaviors with health-risk behaviors in a population of high school students. J Adolescent Health. 1995;16(3):216-25. Accessed 10 May 2012. Available: http://www.sciencedirect.com/science/article/pii/1054139X9400067O#
- 34. Batıgün-Durak A, Şahin-Hisli N. Anger, impulsivity, and problem-solving skills may be a harbinger of the inadequacies of the youth suicide? [Can anger, impulsivity and perceiving oneself as an inefficient problem solver be a forerunner of adolescent suicide- Turkish with English abstract]. Turk Psikol Derg. 2003;18(51):53-7. Accessed 10 April 2012. Available: http://www.turkpsikolojidergisi.com/PDF/TPD/51/37-57.pdf

- 35. Batıgün-Durak A, Utku Ç. In a group of young people to examine the relationship between eating behaviors and anger. A study among a group of adolescents and young adults on the relationship between eating attitudes and anger- in Turkish with English abstract. Turk Derg Committees. 2006;21(57):79-82. Accessed 10 April 2012. Available: <a href="http://www.turkpsikolojidergisi.com/PDF/TPD/57/65-82.pdf">http://www.turkpsikolojidergisi.com/PDF/TPD/57/65-82.pdf</a>
- 36. Çivitçi N. Turkish adaptation of multidimensional school anger scale: reliability and validity studies. The adaptation of multidimensional school anger inventory into Turkish: validity and reliability studies- in Turkish with English abstract. Pamukkale University Faculty of Education Journal. 2007;22(2):99-109. Accessed 10 April 2012. Available:
  - http://pauegitimdergi.pau.edu.tr/Makaleler/817375630\_Nazmiye%20%c3%87ivit%c3%a7i2.pdf
- 37. Köksal F, Gençdoğan B. With or without depressive guilt, shame and anger examination of Types of shame quilt and anger among depressed and non-depressed- in Turkish with English abstract. Ataturk University Journal of Social Sciences. 2007;9(1):163-75. Accessed 10 April 2012.

  Available: <a href="http://e-dergi.atauni.edu.tr/index.php/SBED/article/view/399/392">http://e-dergi.atauni.edu.tr/index.php/SBED/article/view/399/392</a>
- 38. Şahin-Hisli N, Batıgün-Durak A. Suicide Risk in High School and University Student Testing of a Model to Predict. Testing the probability of a model to predict suicide risk in high school and university students-in Turkish with English abstract]. Journal of Turku Psychiatrist. 2009;20(1):28-36. Accessed 18 June 2012. Available: http://www.turkpsikiyatri.com/default.aspx?modul=ingilizceOzet&gFPrkMakale=678
- 39. Ceylan A, Özen Ş, Palancı Y, Saka G, Aydın YE, Kıvrak Y, et al. High school grades anxiety-depression levels and harmful habits Mardin work [ Anxiety-depression levels and harmful habits at last year of high school students (the research of Mardin province)-in English with İngilizce abstract. Anatolian Journal of Psychiatry. 2003;4(3): 144-50. Accessed 18 June 2012.

  Available: http://psikiyatridizini.net/viewarticle.php?article\_id=334
- 40. Eskin M, Ertekin K, Harlak H, Dereboy Ç. High School Students Prevalence of Depression in Adolescents and Associated Factors is prevalence of and factors related to depression in high school students- in Turkish with English abstract. Journal of Turku Psychiatrist. 2008;19(4):382-89. Accessed 18 June 2012. Available: <a href="http://www.turkpsikiyatri.com/default.aspx?modul=ingilizceOzet&gFPrkMakale=660">http://www.turkpsikiyatri.com/default.aspx?modul=ingilizceOzet&gFPrkMakale=660</a>
- 41. Balkaya F, Şahin-Hisli N. Multi-dimensional anger scale in Turkish with English abstract. Journal of Turku Psychiatrist. 2003;14(3):192-202. Accessed 18 June 2010. Available:
  - http://www.turkpsikiyatri.com/default.aspx?modul=ingilizceOzet&gFPrkMakale=437
- 42. PFA- Psychology Foundation of Australia. Depression Anxiety and Stress Scales (DASS). Accessed 25 March 2004.
  Available: http://www2.psy.unsw.edu.au/Groups/Dass/
- 43. Uncu Y, Bayram N, Bilgel N. Job related affective well-being among primary health care physicians. Eur J Public Health. 2007;17(5):514–19. Accessed 25 March 2007. Available: <a href="http://eurpub.oxfordjournals.org/content/17/5/514.full.pdf+html">http://eurpub.oxfordjournals.org/content/17/5/514.full.pdf+html</a>
- 44. Bayram N, Bilgel N. The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. Soc Psych Psych Epid. 2008;43(8):667–72. Accessed 25 April 2008.

  Available: <a href="http://link.springer.com/article/10.1007/s00127-008-0345-x/fulltext.html">http://link.springer.com/article/10.1007/s00127-008-0345-x/fulltext.html</a>
- 45. Boman P. Gender differences in school anger. IEJ. 2003;4(2),71-7. Accessed 25 April 2012. Available: http://www.iejcomparative.org/data/volumes/v4n2.pdf

- 46. Fabes RA, Eisenberg N. Young children's coping with interpersonal anger. Child Dev. 1992;63(1):116-28. Accessed 25 March 2012. Available: http://www.jstor.org/stable/1130906
- 47. Cox DL, Stabb SD, Hulgus JF. Anger and depression in girls and boys: A study of gender differences. PWQ. 2000;24(1):110-12. Accessed 25 March 2012. Available: <a href="http://onlinelibrary.wiley.com/doi/10.1111/j.1471-6402.2000.tb01027.x/pdf">http://onlinelibrary.wiley.com/doi/10.1111/j.1471-6402.2000.tb01027.x/pdf</a>
- 48. Crick NR. Engagement in gender normative versus non-normative forms of aggression: Links to social-psychological adjustment. Dev Psychol. 1997;33(4):610-17. Accessed 25 March 2012. Available: http://psycnet.apa.org/journals/dev/33/4/610/
- 49. Maccoby EE, Jacklin CN. Sex differences in aggression: A rejoinder and reprise. Child Dev. 1980;51(4):964-80. Accessed 12 March 2011.

  Available: <a href="http://www.jstor.org/stable/1129535">http://www.jstor.org/stable/1129535</a>
- Swaffer T, Epps K. The psychometric assessment of anger in male and female adolescents' resident at a secure youth treatment centre. J Adolescence. 1999; 22(3):419-22. Accessed 12 May 2011.

Available: <a href="http://www.sciencedirect.com/science/article/pii/S0140197199902336">http://www.sciencedirect.com/science/article/pii/S0140197199902336</a>

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