

Mediating Role of Positive – Negative Affectivity in the Manifestation of Self-Esteem and Clinical Anger among Adolescents

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Self-esteem refers as the way a person value themselves. Self-esteem is a significant function in relation to motivation, personal development, behaviour & personality. Some researchers highlighted the significance of genetics; some believe that self-esteem is an outcome of affects & actions that develop an individual throughout their life. Male & female factor is vital in the way that personality of adult is build & setup in terms of anger. In the same way, level of self-esteem of every student may lead to normal development. Sometime disorders or problem of anger & self-esteem led to give up or leave their studies. The present study descriptive in nature and establishes the relationship between Self Esteem, Negative Affect, Positive Affect and Clinical Anger. The sample size of the study was 500. In addition, with the direct relationships, the mediating effect of Positive Affect and Negative Affect was checked between the relationship of Self Esteem and Clinical Anger. It was found that Self Esteem “Self Esteem” has significantly positive influence on “Positive Affect” and Negatively Significant Impact on “Negative Affect”. “Negative Affect” significantly and positively influences the “Clinical Anger”; however, “Positive Affect” significantly but negatively influences the “Clinical Anger”. Further, Negative Affect and Positive Affect both partially mediates the relationship between Self Esteem and Clinical Anger.

Keywords: Self Esteem, Clinical Anger, Positive Affect, Negative Affect, Adolescents

Effect of self-esteem and anger can be described in two basic frameworks i.e., negative and positive. Negative affect involves unpleasant and uneasy emotions such as failure, frustrations, insecurity, inhibition and fear. Positive affects involve pleasant and satisfactory emotions such as success, achievement, wish for affiliation, energy and motivation. Therefore, an individual with positive affects experiences satisfaction feelings, union, energy, confidence, enthusiasm and affirmation. Their behaviour relates to optimism, extroversion and resilience behaviour. An individual with high negative affects usually experiences boredom, envy, lack of interest, embarrassment, sadness and guilt. They also experience sensitive temperament to negative stimuli, unfavourable atmosphere,

stressors, vegetative liability (Chung, Robins, Trzesniewski, Nofle, Roberts & Widaman, 2014).

The factors of positive affects correlated strongly with hedonic & permit a person to be engaged & alert, emotions that they feel joy whereas negative effects are associated to psycho physiological distress. In brief, these states are affectively usual response to lose and win throughout their life. Anger is one of the before time warning signs that may results in violent behaviour in future. Excess of anger among individuals contributes in 3 leading reasons of death among adolescents i.e., injuries, suicide and homicides. Anger behaviour with intense and frequent due to slight or insignificant irritants may results in violent behaviour in future. To

predict the escalation of behaviour to violence behaviour is quite difficult but uncontrolled behaviour can be identified and may be an initiating step (Uehara, Tamura, and Nakagawa 2018).

Researcher's views are different in relation to females and males anger behaviour. Early times, males at adolescent age usually in respond to anger with physical attacks on objects and physically aggressive responses whereas females anger response related to nonviolence and verbally. Some researchers explored that process of social cognitive are supposed to be significant factors in aggressive behaviour among boys while some believe that no difference exist in level of anger experienced or articulated in terms of gender. Some studies found that females possess high level of internal expression of anger & men have high level of anger in other field's particularly angry reaction and outward anger (Zuckerman, Li, & Hall, 2016). Males at the age of adolescent found with high level of optimism & professed social support have more ability to adopt in case of negative events of life (Gao, Luo, Cao & Liu, 2022).

Salavera, Usan and Teruel (2020) examined that male have more positive effects and self-esteem whereas females get more score on subjective happiness. This study analyzes significant association between the factors i.e., Positive and negative effects on self-esteem. Positive influence reflects strong optimistic association among happiness & self-esteem whereas negative influence reflects negative correlation. Arbitration analysis found that both influences i.e., negative and positive, intervene the association among subjective happiness and self-esteem. Finding of the study reflect a novel and innovative perspective related to the role that influence aforesaid factors among happiness and self-esteem.

Puskar, Stark, Ren, Haley and Bernardo (2008) examined the association among anger expression and experience with prospective associate of events of life, professed social support, usage of drugs, self-esteem, anxiety, optimism & symptoms of depression among adolescents in rural regions. Study found that symptoms of depression, anxiety, usage of drugs, negative events of life are positive correlated with anger significantly. Sharma and Marimuthu (2016) found that approximately seventeen percent of the young generation has score of high mean aggression on "Buss Perry Affression" scale. It was observed that men mean score is more on aggression as compare to females. Male faces huge number of physical aggressions, verbal aggression & anger as compare to females. This study considered 5476 respondents with 2691 women and 2785 men. Study found that people with young age group i.e., 16 to 19 years experiences more aggression as compare to old age group i.e., 20-26 years. Clinical anger scale is utilized to evaluate the psychological symptoms supposed to have significance in appreciative & clinical anger treatment. Together male and female, it involves 21 items with coefficient reliability of 94. Study found that there is a noteworthy disparity among females and males in term of expression of aggression and experience. Male aggression is more as compare to females.

Devi and Chanu (2019) explored the association among aggression and self-esteem of young generation in Manipur, India. Data was collected from 300 respondent's studies in Manipur's Imphal west & Imphal east colleges in which males are 150 and females are 150 in number. The study found that in aggression sub scaling, hostility and physical aggression are significantly negative with self-esteem. Whereas subscale like anger and verbal aggression does not have any association with self-esteem. On the

other hand, the overall aggression score was observed to have noteworthy negative association with self-esteem.

Sadeh, Javdani, Finy and Verona (2011) found that males and females usually differ in the level of frequency they involve in other as well as in self heading physical violence. Different emotional risk factors are also reflected to engage in these highly influenced behaviours. Evaluation showed hedonic negative frequencies of depression forecast over other intended violence & positive forecast self-intended violence in both males and females, dependable with depression model in which violence is twisted indoors. Particularly, trait of anger i.e., difficult to control one's rage, was related to other intended aggression mainly in males, while trait of hostility i.e., alienation & suspiciousness, was related to self & other intended aggressions among females.

Denson, O'Dean, Beames and Blake (2018) explored that on the basis of various studies, men are observed as more aggressive than women but provocation influence this disparity. In actual, females are found as aggressive against their life partner as compare to males whereas males cause more psychological and physical harm. Only a small portion of females are observed as sexually violent. In case of males, trait anger is correlated positively with violent behaviour & with both high as well as low provocation level. It was also observed that smoking forecast aggression positively among females with the age group of 17 to 42 months, even though females remain less violent or aggressive as compare to males.

Mohan and Kumari (2022) explored that Positive affect is the state when an individual feel alert, enthusiastic & active whereas negative affect is a state of distress & unpleasant involvement. This involves different types of state of mood involving anger, disgust, nervousness, fear and

contempt. Low Positive Affect (PA) can be explained as lethargy and sadness while low Negative Affect (NA) is explained as serenity and calmness. Self-esteem plays important positive role in life of adolescents and this association is strong equally in case of both genders and all types of age.

Penate, González-Loyola and Oyanadel (2020) found that self-esteem is a significant psychological factor. An individual with low self-esteem is associated to depression and anxiety. This relationship is put forward as a common relationship and is a susceptibility situation for emotionally disorders, particularly depression. This also results in depressive state that plays a symbiotic part as in turn low level of self-esteem enhances level of depression. In contrast high level of self-esteem is observed as protective factor to develop psychological disorders. The evaluation of forecast of anxiety scores and depression exposed that social support and self-esteem role is not stable. Self-esteem participated partly in forecasting emotional issues that brings question on its role as a forecaster in support of mutual association with depression and anxiety levels. Social support such as support from friends and family; and the self-esteem level can be discovered as insufficient or with no proper social support & less level of self-esteem may enhance the risk of arriving of both anxiety and depression processes.

Agam, Tamir and Golan (2015) found that self-esteem is a self-understanding of adolescents. It is susceptible and dynamic to external and internal affect at the time of adolescence. It was observed that adolescent's self-esteem if influenced with gender roles whereas self-confidence is a stereo type feature of male and self-confidence presentation by girls are taken as violation of old type gender roles. Hence, there is nothing to surprise that boy's self-esteem is more as compare to girls. Boys are

more interested and like to participate in competitions, power, conflict and excitement while girls are more into the state of affairs that involves intimacy situations, support, self-disclosure and meditation. Girls are more likely to initiate emotions concerned with internalizing issues whereas boys usually initiate emotions related to externalizing. Differences among gender are reported since very early phase of adolescents and children's behaviour, expression of emotions and perceptions.

Zaidi (2014) investigated the differences of gender in professed clinical anger and social support. It is believed that there exists a noteworthy disparity among male and female adult patients depressed in professed clinical anger and social support. The study hypothesized that professed clinical anger and social support score is less in female depressed patients as compare to male patients. Clinical anger can be explained with various symptoms like violence on failure, violence for self, eager to hurt others, anger for current situation, annoying others, screaming at people, irritation, hostile feeling, violence misery, anger for future, isolate others etc. Additionally, there can be exhaustion at work, decision, social, sleepiness, thoughts, sexual and appetite interfering. In general, all these symptoms can be classified into two huge group i.e., affective symptoms and somatic symptoms.

Ng and Khor (2018) examined that young generation must control their anger behaviour more than any other negative behaviour. Not just like aggression at childhood and external behaviour issues, the adolescents and children anger expression and experience has received comparatively modest empirical attention. Students with higher personality anger reflected high anger state. Internal anger is considerably less among females as compare to males. This

shows that male respondents suppress their feelings more.

Perry-Parrish, Borowski, Zeman, Webb, Spencer, Malone and Ostrander (2017) found that young generation with increased level of trait anger and state anger particularly boys face intense pressure to decrease reactions of anger at the time of early adolescence. Girls are also not encouraged to exhibit anger to hold on politeness & to follow social standards like expectations from gender.

Alaka Mani, Sharma, Marimuttu, Omkar and Nagendra (2016) explored that people with high trait anger personality will attain comparatively high violence state. Finding of the study revealed a noteworthy optimistic correlation among respondent's trait anger and state anger. The reasons behind it may be that young generation usually depends on their age & on the surrounding people while making decisions on to expressing of anger outwardly. Unpredictably, this research study exposed a high inclination among boys in restricting anger as compare to girl students.

Ahmad, Aman and Khairani (2021) identified differences of gender in expressing anger among students of secondary school. Research findings reflected a noteworthy disparity in 4 types of expression of anger among female & male students i.e., verbal, intrinsic anger control, and aggressive and intrinsic anger expression.

Method

Sample

The present study is empirical in nature in which a survey approach was used to collect the data. The data were obtained from the Male and Female Adolescents of Kashmir. Two separate standardised questionnaires were used for collecting the primary data for the study. The sample size of the study was 500 respondents.

Tools

The constructs included in the questionnaire Positive – Negative Affectivity in the Manifestation of Self-Esteem and Clinical Anger. The statistical analysis was used in the study – Exploratory Factor Analysis, Confirmatory Factor Analysis and Structural Equation Modelling. In this study Direct effect of Self Esteem was checked on Positive Affect, Negative Affect and also on Clinical Anger. The mediating effect of Positive Affect and Negative Affect was checked between the relationship of Self Esteem and Clinical Anger. With the help of ANOVA, the variances of the responses for Gender were also checked for all the constructs.

SPSS software package version 20 was used to code the questionnaire in which EFA was done on 20 items. The value for KMO was 0.877 (measure of sampling adequacy) and Bartlett's Test of Sphericity (11759) was also significant (Kim & Mueller, 1978). The PCA (Principal Component Analysis) is working with varimax rotation and the items of communalities is greater than 0.5. Total 4 factors such as Positive Affect, Self Esteem, Clinical Anger and Negative Affect were extracted that explains total variance of 84.215%.

Table 1. Shows all the four factors with statements and all the items have factor loading above minimum threshold of 0.40.

Table 1. Factor and Factor Loading

S. No.	Statements	Factor Loading
Factor 1	Positive Affect	
	Interested	.848
	Distressed	.862
	Excited	.853
	Upset	.874
	Strong	.849
Factor 2	Self Esteem	

	"On the whole, I am satisfied with myself"	.860
x	"At times I think I am no good at all"	.868
	"I feel that I have a number of good qualities"	.896
	"I am able to do things as well as most other people"	.928
	"I feel I do not have much to be proud of"	.921
Factor 3	Clinical Anger	
	"I certainly feel useless at times"	.857
	"I feel that I'm a person of worth, at least on an equal plane with others"	.810
	"I wish I could have more respect for myself"	.841
	"All in all, I am inclined to feel that I am a failure"	.871
	"I take a positive attitude toward myself"	.790
Factor 4	Negative Affect	
	Guilty	.865
	Scared	.919
	Hostile	.864
	Enthusiastic	.793
	Proud	.915

Confirmatory Factor Analysis

Confirmatory Factor Analysis was applied to determine the model fit, reliability and validity. Figure 1 presents the measurement mode and Table 2 presents that CR and AVE, the value of both is above 0.60, which means that the convergent validity is determined.

Figure 1 shows the measurement Model for the study. The model fitness indices were found satisfactory as per the recommended threshold values e.g., CMIN/DF= 2.7; CFI = 0.977, GFI= 0.904, NFI =0.964 and RMSEA=0.06. All the standard loadings are above 0.60.

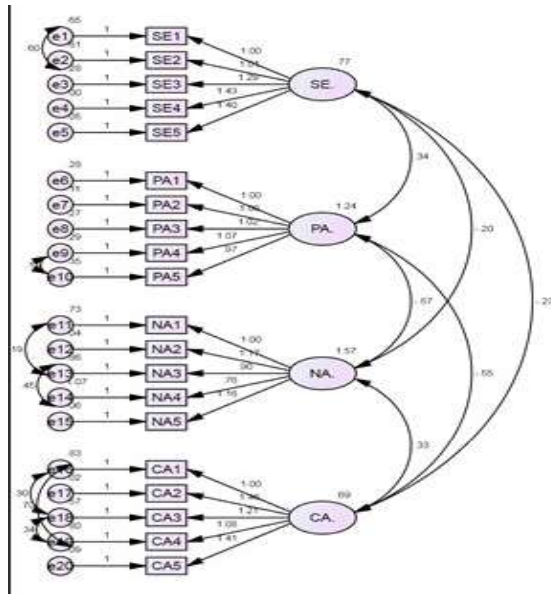


Figure 1 Measurement Model

Table 2 .Validity Analysis

	CR	AVE	NA.	SE.	PA.	CA.
NA.	0.933	0.739	0.860			
SE.	0.945	0.778	-0.183	0.882		
PA.	0.962	0.834	-0.408	0.351	0.913	
CA.	0.921	0.706	0.314	-0.372	-0.597	0.840

Model fit Indices

The model fitness indices were found satisfactory as per the recommended threshold values e.g., CMIN/DF= 2.2; CFI = 0.983, GFI= 0.918, NFI =0.970 and RMSEA=0.05.

Figure 2 shows the Structural Model with “Self Esteem” as a predictor of the “Positive Affect” and “Negative Affect”, which are further the predictors of the “Clinical Anger”. The results of the have been presented in the Table 3. The value of Estimate is 0.35 for the influence of “Self Esteem” on “Positive Affect” and p value is below 0.05 (0.000), which shows that “Self Esteem” significantly and positively influences the “Positive Affect”. Similarly, the value of Estimate is -0.18 for the influence of “Self Esteem” on “Negative Affect” and p value is below 0.05 (0.000), which shows that “Self Esteem” significantly but negatively influences the “Negative Affect”. In Case of the Estimate for the influence of “Negative Affect” on “Clinical Anger”, the value was found as 0.09 with p value of 0.023, which shows that “Negative Affect” significantly influences the “Clinical Anger”. However, the Estimate for the influence of “Positive Affect” on “Clinical Anger”, the value was found as -0.571 with p value of 0.000, which shows that “Positive Affect” significantly but negatively influences the “Clinical Anger”.

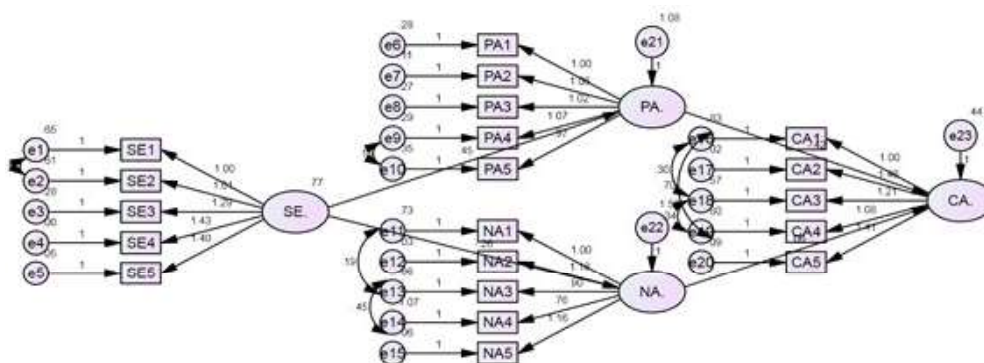


Figure 2 Path Analysis

Table 3. Results of Path Analysis

Outcome Variable	Direction	Predictor Variable	Unstandardized Estimate	Standard Beta	S.E.	C.R.	P
PA.	←	SE.	.453	.356	.065	7.015	***
NA.	←	SE.	-.262	-.183	.072	-3.652	***
CA.	←	NA.	.062	.095	.027	2.273	.023
CA.	←	PA.	-.420	-.571	.040	-10.573	***

Mediation Effect of “Positive Affect” between “Self Esteem” and “Clinical Anger”

Bootstrapping analysis showed that “Clinical Anger” is directly as well as indirectly affected by “Self Esteem”. The direct effect reduced from -.369 to -.191 after the introduction of mediator and the indirect value was also significant. This means “Self-esteem and “Clinical Anger” is partially mediated by “Positive Affect”.

Mediation Effect of “Negative Affect” between “Self Esteem” and “Clinical Anger”

Bootstrapping method showed that “Clinical Anger” is directly as well as indirectly affected by “Self Esteem”. The direct effect reduced from -.369 to -.333 after the introduction of mediator and the indirect value was also significant. This means the relationship between “Self-esteem and “Clinical Anger” is partially mediated by “Negative Affect”.

t-test for Comparisons based on Gender:

Table 4 shows that how the mean values of the various constructs vary as per the Gender of the respondents. It was found that gender had no effect for “Positive Affect”, “Negative Affect” and Clinical Anger, as the p value for all these constructs is above 0.05. However, the p value is below 0.033 (below 0.05) for “Self Esteem”, which shows that there is a significant difference between males and females regarding the “Self Esteem”.

Table 4. T-test (Gender Differences)

Factors	Gender	Mean(x)	F	P-value
PA	Male	3.8141	3.14	.12
	Female	3.1735	2.86	
SE	Male	3.5805	3.14	.043
	Female	3.2291	2.86	
NA	Male	2.2759	3.14	.13
	Female	2.9843	2.86	
CA	Male	2.9648	3.14	.27
	Female	2.1804	2.86	

Discussion

The purpose of the study is to evaluate the association between self-esteem & clinical anger among male and female adolescents. Study found that “Self Esteem” has significantly positive influence on “Positive Affect” and Negatively Significant Impact on “Negative Affect”. “Negative Affect” significantly and positively influences the “Clinical Anger”; however, “Positive Affect” significantly but negatively influences the “Clinical Anger”. Further, Negative Affect and Positive Affect both partially mediates the relationship between Self Esteem and Clinical Anger. This reflects that respondent with low level of self-esteem will have more level of aggression & vice a versa. Other studies also supported the current results of negative correlation among clinical anger and self-esteem. Study also found that individuals with low level of self-esteem are high at risk

of poor physical and mental health. They are worse on economic perspective as compare to people with high self-esteem. Additionally, they are high on risk to convict crime at the time of adulthood. On aggression subscale, hostility and physical aggression are found as noteworthy negative correlated to self-esteem. It also shows that respondents with high hostility & physical aggression will have low level of self-esteem. But other subscale that is anger and verbal aggression does not reflected correlation with self-esteem.

Conclusion

This study reflected that there is noteworthy contribution in the existing body of knowledge by exploring that negative correlation among aggression and self-esteem among young generation. This shows that as individual with low self-esteem level are going to be more violent in nature. Youth or young generation of any country plays significant part in restructuring the nation. It was observed that aggressive behaviour of people with their school mates, colleagues & others are amplifying. The data collected from this study will support parents or caregivers or educationists along with young generation themselves to recognize the role of self-esteem on aggression (Bleidorn, Arslan, Denissen, Rentfrow, Gebauer, Gosling & Potter, 2016). People with low self-esteem are usually more responsive to criticism & usually deduce events as signals of rejection & inadequacy. An individual with low level of self-esteem considers themselves as less confident as compare to an individual with self-esteem (Longo, 2015). Self-esteem is the magic potion of present modern life. it is found as key to monetary success, personal fulfilment, health & considered as solution to drug abuse, crime, underachievement & clinical anger.

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