

The Effectiveness of A cognitive Behavioral counseling Program in Development of Anger Management skill in a sample of Females who suffer from Dysthymic Disorder

Yasrh Abu Hdros

Associate Professor - Department of Psychology - Faculty of Education, Al-Aqsa University , PO box 4051 ,
Gaza Strip, Palestine

Dr.yaserapalestine@gmail.com

Yasera.ayoub@gmail.com

Abstract

The present study aimed to identify the effectiveness of a cognitive behavioral program in the development of the skill of anger management among a sample of spinsters suffering from dysthymic disorder . To achieve this goal , the researcher prepared a 16-session program . The study sample consisted of (16) females suffering from dysthymic disorder from the clients at the specialized psychiatric clinic in the city of Khan Younis , aged between (30-40) years , and who received low scores on a scale of anger management , and at the same time who received high scores in the level of dysthymic disorder as diagnosed by specialist doctors working in the clinic . The study sample has been randomly and equally divided into two groups: the experimental group and the control group. The results showed the presence of statistically significant differences at the level of $\alpha \leq 0.05$ between the mean scores of the experimental group and the control group on each of the post-test , and the follow -up test in the skill level of anger management , and showed a rise in the experimental group's level of skill of anger management compared to the control group . The findings also indicated the presence of statistically significant differences between the two measurements pre and post in the skill level of anger management in the experimental group , which means that the program had a positive impact on anger management skill development in females who suffer from dysthymic disorder. This result indicates the effectiveness of the program in achieving the goal of the current study.

* **Keywords:** Dysthymic disorder - program - the skill of anger management .

Introduction:

Many people believe that anger is a negative emotion , usually associated with feelings of abuse , harm, violence, and destruction , and ignore that anger is a constructive emotion and a positive means that provides us with emotional and physical energy , and helps us keep our lives. It seems that this misconception has spread among the people to the extent that it has made their thinking in the positive aspects of anger very limited . This in turn has made them fail in management of anger in their lives and thus are unable to feel angry , even in cases that do require them to . This makes them suffer from wasting their rights as the mismanagement of anger might culminate in the form of negligence and undue endurance of anger , and then bursting angry at the most inappropriate time and place . The second manifestation is giving vent to their frustration on the closest people to them , and their lack of the means to defend themselves , which results in causing them to conceal their anger without producing any sound or movement and consequently get

depressed or catch other organic diseases .

Perhaps the above consequences of ill- treatment of individuals and failure in management of anger on the part of the clients motivated the researcher to design a program to develop the skill of anger management , especially among people with dysthymic disorder as the researcher strongly believes that this category are most in need to acquire the skill of anger management , especially marriageable spinsters, given that dysthymic disorder is most prevalent among this group (Samur ss2007.246) .

The researcher believes that designing a counseling program to develop the skill of anger management among this group in particular, and other groups in society in general , may contribute to maintaining the functioning and stability of their lives. Because if we allow this passion to go inward to ourselves in a negative way through repressing, and suppressing it , this transforms it to frustration , despair , and depression . Conversely, if we allow it to go out violently , it will destroy the others and hurt them . So we have to plan well for this passion and improve its management when it surfaces in order to achieve a compromise that would help us to discover the positive power of this emotion , and perhaps this is what the researcher has sought to attain as a result of designing and implementing this counseling program.

Literature Review

First, Dysthymic Disorder:

It is a mild, chronic depression or irritability mood in children and adolescents . It appears in all the day and all days of the week and it lasts at least for two years in adults and at least one year in children and adolescents . Its symptoms are a sense of incompetence, disability, anxiety , anger, lack of activity , production, and interest (Samur,2007 : 246) .

Dysthymic disorder is a relatively common disorder (i.e., life time prevalence of 3% -6%), with more than two thirds of patients remaining symptomatic for a decade or more if not treated. Effective treatments for Dysthymia are needed, and antidepressant therapies are now commonly used as first - line treatment. (Yeciel L. & et.al.2010: 10).

The percentage of this disorder is between 3% to-5 % , and is common in psychiatric clinics . Its percentage in males is 8% and 5% among females . Besides , it is more widespread in females whose age is less than 65 years. It rises among unmarried women and in the low economic situation . A variety of other mental illnesses may appear with it (Samur , 2007 : 246) .

In order to diagnose a Dysthymic Disorder correctly the doctor must present supporting data from at least the patient's life history and their persisting symptoms or complaints and the results of their face to face mental status examination. (Leckart, B, 2011:1)

Hassoun (.2004 : 89-90) points out that those suffering from dysthymic disorder may experience one or two of the following: weakness of appetite or increase in eating , insomnia or hypersomnia , low energy or fatigue , low self-worth , poor concentration or difficulty in making decisions , and feelings of hopelessness.

According to Gabriele M., MD & et.al,'s studies (2003), irritability, low self-esteem, fatigue or loss of energy, depressed mood, guilt, concentration difficulties, anhedonia, & hopelessness were present as a prototypical symptomatology and co morbidity of DD, in more than 50% subjects and adolescents showed more suicidal thoughts and anhedonia than children

The researcher believes that the presence of these symptoms among people with dysthymic disorder

especially among spinsters may constitute a psychological fertile soil that would lead to the explosion of temper tantrums, which necessitates efforts to design effective counseling programs targeting to develop the skills of anger management among spinsters. This is perhaps the reason and rationale that led the researcher to choose this particular sample because they badly need this type of intervention .

Second: Anger Management.

The Almighty Creator provided humans with a range of emotions that help them in their life and perform different functions for them . Feeling of anger is one of the main emotions that help human beings to maintain their psychological entity , but if this emotion is not controlled by mind and becomes a habit or a tendency to yell at people and use violent words ,and degenerates and assumes the form of the inability to deal with difficult situations without anger , this would affect humans' lives , their social and professional relationships , family , mental and physical health as well .

In this regard, Suliman (2007 : 61) argues that anger has negative effects as it negatively impacts all aspects of a person's life, whether intellectual , social, psychological or physical , and at the same time it has its benefits because it is a force for good if the individual directs and employs it properly . Giving vent to anger is required since it helps individuals to cope with emotional arousal caused by frustrating events . Safan (2003 : 6) confirms the positive aspects of anger . Moreover , he sees that for anger to be diagnosed as blameworthy , it should reach a high level but there are other signs that should be put into consideration when diagnosing anger as blameworthy and in some cases anger is not judged as such despite its high intensity, which confirms that anger, in some cases, has positive functions like preservation of oneself , one's children , property , defending one's religion , homeland , customs , and traditions . On the other hand , Asfour sees (2004:17) that anger is an emotional state consisting of feelings that vary in severity and range from simple distress and arousal to intense irritability and rage .

Islam is concerned with this emotion and orders Muslims to face and overcome it. Islam makes control of anger as one of the good attributes of believers and an indication of the strength and cohesion . Allah says: " and restrain anger and pardon people " (Al-Imran: 134) and the Prophet says " Whom do you call a champion among you? We said " The one who is not defeated by other men " He (PBUH) said That is not so , he is the one who controls himself when angry " Bukhari (6114) and Saheeh Muslim (2609) .

Colleen R. (2007) sees that anger is strongly connected with violence . A research has found that dating violence is a predictor of marital violence. According to Harper et.al (2005), anger management relies on an individual's ability to deal efficiently with his or her emotional responses.

The researcher believes that the emotion of anger is one of prominent unpleasant emotions arising from a state of tension in human life , and one feels it as a sign of facing pressures and factors of frustration , but when it accumulates within the self , it may result in various diseases and mental disorders , and is accompanied by changes in functions of internal organs and bodily external manifestations that indicate the degree of this emotion . Moreover, it affects the body either positively or negatively , depending on the type of anger and the degree of severity . Thus, the study of anger management and how to deal with it properly is an essential mission for psychological counseling both on the level of theory and practice .

The theoretical framework about anger management in some studies is based on the cognitive model for the treatment of anger that was developed by " Novaco 1975"

The model was designed to modify the cognitive structure, and reduce anger through the development of self-control skills- by using treatment strategies , such as self-monitoring , and the use of alleviation techniques, relaxation, and use of problem solving skills. Through this model, the client is provided with information about the emotion of anger , and his motivation to change the response of anger is increased by helping him think about the consequences of anger (Taylor, et.al, 2002).

Anger management skill includes a group of sub- skills namely: identifying the emotion of anger, dealing with the positions of accusation, disappointment , and expressing dissatisfaction and discontent . (Committee for Children, 2002).

There are various views that dealt with the causes of anger and its stimulants . For instance , Alice sees that anger is caused by the disturbances and tough daily problems that pose a hurdle preventing one from achieving one's objectives , so it is possible for a person to deal with anger in a good way if one thinks rationally (Safan.2003 : 70) . Frankl believes that the presence of a target in an individual's life makes him endure hardships in order to achieve that goal, but in case the individual lives without a goal in life , he would likely be an easy prey for anger (Abraham , 2003: 75-77) . Goleman (2000 : 91) argues that thoughts of anger fuel and cause it, and at the same time can be the most effective key to alleviate it. And thus preventing anger is possible if we put an end to these ideas and stop them, which in turn extinguishes the fire of anger . On the other hand, Hussein (2007:20) opines that the events or situations in themselves are not the cause of anger , but the way how individuals perceive them as provocations facing them and requiring them to respond accordingly .

There are various previous studies that dealt with anger as an emotion and its relation to other psychological variables besides anger management and dealing with it successfully . Fayed's study (2003) highlighted the presence of statistically significant differences between the two sexes in the relationship between internal anger and depression in favor of females , while Al-Khader's study (2004) indicated that there is a statistically positive network of links between anger as a state and trait , its suppression, and allowing it to surface on the one hand and anxiety as a trait , public health, pessimism , locus of control , sensitivity to failure and rumination about the painful experiences of the past on the other hand.

Abu Asaid et.al (2008) designed a counseling program based on cognitive modeling and self- instructions in the development of problem-solving skills , anger management ,and reduction of violence among abused Jordanian wives . The results showed the effectiveness of the counseling program in achieving its goal. Similarly, the results of a study done by (Kyung Bong Koh & Joong Kyu Park, 2008) showed that the level of anger expression was significantly linked with the intensity of somatic symptoms related to neuromuscular tension in depressive disorder and somatoform disorder patients.

The results of Bassiouni's study (2005) proved the effectiveness of a religious psychological counseling program in alleviating the impact of the emotion of anger and the continuation of this efficiency in a sample of female students .

In spite of the multiplicity of previous Arab and foreign studies which dealt with the emotion of anger and its management, the researcher believes that the current study is novel as it deals with a sample of spinsters who suffer from dysthymic disorder , which has not received due attention in Arab studies . In addition , the sessions of the program to develop anger management skill designed by the researcher include a combination of cognitive , behavioral , religious, family and social counseling techniques presented by the researcher in a

new manner that differs from earlier counseling programs prepared by other researchers , which focused on some of the previous techniques with a clear difference in the implementation procedures .

Statement of the Problem:

Many individuals experience irritating life situations resulting in dire consequences , negatively affecting their mental and physical health , their social and self- adjustment because they do not have the minimum skill of anger management , and taking advantage of the anger as a positive emotion rather than an emotion linked to negative behaviors such as aggression , dizziness, and vandalism .

The researcher felt the depth of this problem among spinsters who suffer from dysthymic disorder and this has prompted her to design a training cognitive - behavioral counseling program for this group to test its effectiveness on anger management skills in their lives , which may play an important role in alleviating dysthymic disorder among them as this group is in a bad need for such a program , which may help them to discover the positive power and roots of the anger they experience, and how to deal with and manage this emotion positively to ensure that they suffer few losses on the level of mental and physical health .

Based on the foregoing , the researcher can formulate the study problem in the following question : "What is the effectiveness of a cognitive behavioral counseling program in anger management skill development in a sample of spinsters who suffer from dysthymic disorder?"

Objectives of the study :

The present study aims to find out the effectiveness of a cognitive behavioral counseling program in the development of anger management skill among a sample of spinsters who suffer from dysthymic disorder . This program includes supportive exercises and duties fitting the goal of each session of the program . The study also seeks , through this program, to achieve the following objectives:

- Identifying the differences between the pre and post measurements of anger management skill level of the subjects of the treatment group , as well as those between the experimental and control groups for the same variable .
- Identifying the extent of the continuity of the program's effectiveness by highlighting the differences between the post and follow up measurements among the members of the experimental group .

Importance of the study :

Theoretical importance : this importance comes from the fact that it is a new addition to the scientific counseling programs prepared and applied by specialized researchers as there are no Arabic studies that have dealt with the development of anger management skill among spinsters suffering from dysthymic disorder . Arabic studies in this area are limited.

Practical importance : The practical importance stems from the fact that specialists and researchers interested in the domain can benefit from the program prepared by the researcher in this study for the development of the skill of anger management among different groups such as adolescents , and people with special needs .They, moreover , can take advantage of the tools of this study and apply them in future research on mental health and psychological counseling problems .

Limitations of the study:

The generalizability of results is affected by the limitations of the study. In the case of this study, researchers need to be objective and careful when considering the results of the current study. First, the study sample is small and this was imposed by the nature of the problem, the methodology used, and the conditions of the subjects, who will be recruited in the program and its nature, time and place of application, and the period of administration. The sessions were carried out in the first semester of the academic year 2013/2014.

Terminology:

1-Dysthymic Disorder :

It is defined as a chronic mood disorder that lasts for at least two years providing it reaches the stage of a major depression, and it appears in the form of the following symptoms: loss of or increase of appetite, sleep disorders, the decline in energy, exhaustion, a decrease in the degree of self-concept, loss of concentration, difficulty in decision-making, and a sense of hopelessness (APA, 2000) and (DSM-IV-TR, 2002).

2 - Anger Management Skills:

The researcher defines anger management skills in the current study as a set of skills that enable individual to reprogram his mind in order to think of anger in a more positive way, and turn his angry feelings into a positive force, provided that he or she expresses their anger with sensitivity and decisiveness and the ability to overcome their negative ideas through the exercise of self-assertiveness, their right to feel angry, analysis of their attitudes, and the mechanism of dealing with others and evaluating relations with them, expressing feelings towards others clearly and openly, to overcome the fears associated with the positions of anger, controlling them, and trying to find constructive channels for building the energy of anger.

The skill of anger management is operationally measured in the current study by the score a subject obtains when she answers all of the items of anger management skills scale which ranges from (46-184). The scale was prepared by the researcher.

3 – The Cognitive Behavioral Therapy Program CBT:

The researcher defines the program as a counseling program with an organized scientific, objective, and systematic bases, translated in a range of activities, experiences, and techniques based on cognitive behavioral therapy (CBT), which are distributed on the timed counseling sessions in order to develop the skills of anger management, using some behavioral techniques such as relaxations, meditation, modeling, reinforcement, gratification, alienation, self-control, self-assertion, role-playing, and some cognitive techniques as brainstorming, internal dialogue, discussion, re-construction of knowledge, and problem solving. These aim to help the client to undergo the experience in a conscious, planned and controlled way to get support and assistance from the counseling group and under the supervision and guidance of the counselor.

Hypotheses :

- 1 - There are statistically significant differences at the level ($0.05 \geq \alpha$) between the mean scores of the experimental group in the pre-application and their mean scores in the post application of anger management skills scale due to the application of the counseling program in favor of post application.
- 2 - There are statistically significant differences at the level ($0.05 \geq \alpha$) between the mean scores of experimental and control groups in the post- application of anger management skills scale due to the application of the program in favor of the experimental group.
- 3 - There are no statistically significant differences at the level ($0.05 \geq \alpha$) between the mean scores of the experimental group on the post and that of the follow- up application of the anger management skills scale.

The study methodology and procedures:

Methodology :

The researcher used the experimental method, which relies on pre and post and follow – up design so as to identify the effectiveness of the program in developing anger management skills among a sample of spinsters, who suffer from dysthymic disorder .

The sample:

The final number of respondents is(16)spinsters who suffer from dysthymic disorder . All of them got low scores on the anger management skills scale. The researcher has randomly and equally assigned them into two groups : an experimental group and a control group as follows:

The experimental group, consisting of (8) females, all of whom have undergone the program , which is based on the cognitive behavioral theory.

The control group, consisting of (8) females, did not undergo the program.

To ensure equivalence and homogeneity of the two groups , the researcher has administered the anger management skills scale to the members of the experimental and control groups and calculated significance of differences between the mean scores of the two groups on the scale, using Whitney Test to compute the differences between the mean scores of two independent samples as this test is a good alternative to the t- test in the case of small samples that do not qualify for normal distribution conditions (Afanah, 1998:124).

It was found from the results of this test that the value of (u) ranged between (91.5 to 130.6) for the variable of anger management skills(pre-application), while the critical value of (U) is (37), i.e., the calculated value of (u) is larger than the tabled one, and thus the null hypothesis is accepted and the alternative hypothesis is rejected .So the researcher concludes that there are no statistically significant differences at the level of $\alpha \leq 0.05$ between the experimental and control groups in the level of anger management skills (Afanah, 1998:127)

Tools :

The researcher designed a measure of the anger management skills in addition to the counseling program based on the cognitive behavioral theory in order to develop anger management skills . The following is a presentation of these tools:

First: Anger Management Skills Scale:

In light of the theoretical underpinnings and Arab and foreign studies used in this study, the researcher has prepared the anger management skills scale making use of Arab and foreign studies and scales including:

- 1-Anger Management Scale (AMS) (Stith, & Hamby, 2002).
- 2-Anger scale for adolescents (Hamza, 2012).
- 3 - Arab anger scale (Kafafi and Nial.2000).

In light of the operational definition of anger management skills , the researcher has compiled a set of items and distributed them on four dimensions: anger triggers dimension (the content of the items indicate a set of environmental and social situations that may provoke anger), and internal anger triggers dimension (the content of the items indicate behaviors that reflect the withdrawal of the individual, channeling anger on herself, which could lead her to harm herself and feelings of frustration, depression and distress), the external anger triggers (the content of the items indicate the observable behaviors that express the anger of the individual, whether it be verbal or physical and the accompanying psychosomatic symptoms), anger control dimension (the content of items indicate the extent of an individual's ability to control feelings of anger through the exercise of a set of techniques and behavioral procedures controlling anger) . The respondent answers each item using a 4-point Likert gradation(very greatly - greatly - a little - very little) . The scale in its initial version consisted of (57) items.

Validity:

(A) - Content Validity:

The scale in its initial version was given to a group of arbitrators of professors of mental hygiene in Al-Aqsa and Gaza Islamic universities, and the researcher asked them to express their opinion on the suitability of the items of the scale and whether they suggest any modifications in the wording or deleting or adding new items to the scale, and to assess the validity of the items to measure what they were developed to measure, comprehensiveness, suitability and harmony of each item with the dimension to which it belongs, and its suitability with the scale as a whole.

This has reassured the researcher of the validity of the scale as the percentage of agreement of the arbitrators on the items of the scale is considered a standard for validity . Therefore , the researcher retained the items that got (80%) or more of the arbitrators (Al-Sunbl.2005: 19 - 20) . This process led to the deletion of 5 items due to weak wording or for not being linked to the dimension to which they belong . As a result, the number of items of the scale became (52) .

(B) Discriminative Validity:

In addition to content validity, the researcher calculated the scale's validity statistically by computing discriminative validity . The researcher administered the scale on a pilot sample of (30) females who suffer from dysthymic disorder and then rank ordered their scores in an ascending order, and identified the upper and bottom groups depending on the scores they got on the scale and divided them equally into two groups each of which consisted of (15) clients . T- value was calculated using T. Test to calculate the significance of differences between the mean scores of the two groups . T value was (69. 946) at the significance level of (0.01), which is statistically significant at the degree of freedom (28) . This shows the discriminative ability of the scale .

(C) Internal Consistency Validity:

The researcher calculated the correlation coefficient of each item of the scale with the whole scale. The statistical results showed that the values of correlation coefficients between each item of the scale and the scale as a whole were statistically significant at the level of (0.01); which means that the items of the scale were homogeneous with the measure as a whole with the exception of (6) items due to the low correlation coefficients with the scale. Therefore, the researcher deleted these items, bringing the final number of items of the scale to (46), thereby achieving a homogenization procedure of the scale.

The Reliability of the scale:

The researcher calculated the reliability of the anger management skills scale using Test-Re-Test where the scale was applied to the pilot sample twice with an interval of three weeks, and then she calculated the correlation coefficient between the performance of the sample in the two applications. The reliability coefficient of the scale was (0.87), which is statistically significant at the level of ((0.01 and degree of freedom (28), where the critical value of the correlation coefficient at this level is (0.302). This indicated that the measure' reliability is high. This proved the stability of the results of the scale and its suitability for use in further research.

Besides, the researcher calculated the reliability of the scale using equivalent forms, so she prepared another equivalent form of the scale, and administered both at the same session. After correcting tests and getting the results, the researcher calculated Pearson correlation coefficient between the scores of the two forms. The correlation coefficient was (0.78). This high correlation coefficient made the researcher trust the stability of the test and its validity for application in the current study.

Second: The Program(CBTP):

The program is based on a number of counseling cognitive behavioral techniques. It is a collective program in which the researcher used some behavioral and emotional techniques in addition to some cognitive ones that support the objectives of the program.

The researcher took into account that the selection of the subjects is done on the basis of their need for help, which can be shown by their response to the items of the anger management skills scale used in the study.

To ensure the validity of the program content, its appropriateness, clarity, and the possibility of the subjects' benefitting of the program, the researcher presented the sessions of the program in their initial version to a group of arbitrators and specialists in the field of psychological counseling and program design, as well as a group of counselors working with schools of Khan Younis directorate of education. The researcher adopted the amendments approved by the majority of the arbitrators on the sessions of the counseling program especially with regard to sequence of the program sessions' reasons, and appropriate number and timing of each session. She also adopted views related to the content of each session, objectives, and activities used to achieve those goals, and homework activities for each session. Thus the final form of the program was ready for application.

The number of these sessions is (16) with two sessions per week. A single session lasts between (60-90 minutes), which means the program duration is ten weeks, during which subjects received training on a set of

skills , behaviors, and coping strategies of coping with anger triggering situations with the aim of developing anger management skills among them.

The researcher presents a summary of the meetings of the counseling program:

First session:

The preliminary session (getting to know each other and orientation):

The aim of this session is to establish rules guiding the relationship between the counselor and the trainees so that everyone knows her rights ,duties, and roles . Besides , the rules for the rest of the sessions were determined.

Second session:

Expectations of the participants:

Discussing the counselee's expectations from participation in this program is one of the ways which help create an atmosphere of mutual trust between clients and the counselor, and providing them with feedback about their different expectations of the program . It also discusses the overall objective of the program, and what it can do to the clients.

Third session:

The concept of anger , its causes, and its symptoms:

The aim of this session is to inform counselees of the concept of anger as a feeling that everyone experiences in their life besides knowing its most important physiological , cognitive , and physical symptoms as well as knowing some of the internal or external causes underlying temper tantrums in general, and the fact that these reasons differ from one individual to another.

Fourth session:

The of emotion of anger is healthy (I have the right to feel angry):

The aim of this session is to inform the counselees of the importance of the emotion of anger in our lives, and suppressing anger rather than appropriately expressing it in a healthy way leads to the imprisonment of those negative emotions deep within us , which negatively affects our mental health and can also lead to nervousness , chronic depression , low self-esteem and physical diseases such as heart disease and blood vessels illnesses . Therefore, anger , like every other emotion, has a specific purpose, which is healthy and useful when it spurs us to make the appropriate change when things do not go as well in our relationships with others . So we have to acknowledge it so that it takes its natural course in a constructive manner rather than a subversive one.

Fifth session:

Discover the roots of your anger:

The aim of this session is to inform the counselees of the importance of diving deeply into the depths of self on the part of the individual to discover the roots of his/ her anger, and the things that arouse emotions, and what he / she needs to act about it, and the need to discover the things that need to be changed to develop appropriate solutions via facing others in a constructive manner rather than staying silent and quiet, and to make anger build up to the extent that it explodes once through the words of insults or sending cruel e-mails .

Sixth session:

Awareness of the negative effects of anger:

This session aims to help the counselees to recognize the impact of anger on our bodies, minds and behavior, and focuses on the damage and injury resulting from negative or aggressive way of expressing anger, and its impact on our social relations with others and others' love for us.

Seventh and eighth sessions:

A healthy lifestyle:

The aim of this training session is to train the counselees on a set of behavioral measures that are complementary means to reduce the intensity level of temper tantrums, such as:

- Intake of complementary food tablets that contain a range of processed food that have a role in increasing the amount of fatty acids such as omega-3.
 - Exercise in the fresh open air and in sunshine are most effective in leading a healthy lifestyle and ensures the benefit of our bodies and improve our mood and anger, especially the practice of yoga, which contribute to improving our mood regularly and can help reduce the temper tantrums and helps the individual to feel that his/her life has a meaning and purpose.
 - Recognizing the importance of color and its effect on mood and state of anger and the health of the individual and also the way of thinking. So the individuals who experience frequent anger tantrums are advised to wear pink or blue colors because they soothe the nerves and reduce aggressive behaviors.
 - Physical comfort and avoiding extreme fatigue with a daily bath helps individuals to relax.
- Recognizing the importance of aromatherapy in improving mood and soothing the nerves like the smell of roses, jasmine, violets, daffodils, and tulips.
- Drinking green tea and chewing sugar-free gum brings about calm and a sense of tranquility because they help the secretion of melatonin, which calms the nerves.
 - Finding tranquility where an individual can go to a quiet place to get some rest and relax muscles.

Ninth and tenth sessions :

Cognitive Behavioral Therapy (CBT):

A) Relaxation exercise and Meditation:

The researcher thinks it is important that the individual be able to move his body quickly to the physiological condition that allows him greater control and enables him, as this would reduce the level of adrenaline in the body and reduces the severity of muscle tension and when the individual finds himself in the face of anger and his heart beats begin to rise he can order his body to relax by repeating certain words (Calm down - relax), or counting slowly till ten.

(B): Self-control and good management of angry situations.

The aim of this step is to train counselees to control their feelings and ideas and try to change them for the better when facing situations of anger, especially when facing tantrums of anger in others by using mechanisms that help to face bursts of anger, such as using positive dialogue with the self, and making sure that the body in angry situations is in a state of attentive relaxation and selection of the appropriate place and time for the confrontation, and reminding oneself of their rights, and being fully aware of initial indicators of anger especially if these foreshadow an attack on people's personalities and behavior, in addition to making our expectations more positive and realistic, and learning self-defense skills to deal with criticism and learning to positively close dialogue with others.

(C): Treatment with laughter and humor (treatment by the opposite):

An individual who is experiencing anger can imagine some comic scenes in his mind, because scenes of anger and humor do not meet and laughter and humor relieve him of repressed emotions.

Eleventh session:

Openness and expression of feelings:

This step derives its significance from the premise that talk is very important in venting our inner feelings of anger, but it will be better if it is done with the right person at the right time. Besides, voicing our past angry feelings has its therapeutic effects, especially, if a friend can hear us and show sympathy with us. In this case, the counselee must not choose a tired and exhausted individual who cannot pay the required attention, rather he should choose a person with whom he feels relaxed and wants to spend some time talking to him without feeling being pressured or embarrassed, and here the expression of feelings should be appropriate and skillful.

Twelfth and thirteenth sessions:

What do you do when you get angry?

This session aims to provide some tips for counselees relating to what they can do when angry, including:

- Retaining your energy for construction not destruction: If one does not control oneself in critical situations and surrendered as required by anger and strong emotion, one would consume enormous quantity of his interior energy, which is supposed to be exploited in the construction process and enjoyment of quiet daily life. (Yusra, 2009).
- Always Repeat to yourself that uncontrollable anger is a characteristic of weakness and educational bankruptcy while anger control and management, and wise action represent power and virtue of the individual and is characteristic of the righteous servants of Allah.
- In a moment of anger and when you feel that the anger embers ignite inside you, start counting from 1-10 before uttering a word and ask yourself this question (What should I say now to deprive the person who angered me from taking advantage of the situation).
- Review the situations which sparked anger and re-think them and use the strategy of "Stop - Think - Do" and express your feeling of wrath in quiet and strong terms.
- When you get angry, ignore or abandon the irritating situation temporarily and stop talking for a long time and do not speak with the individual who sparked your anger and show a lack of interest to pass the fit of anger and then you can talk quietly with the person who irritated you and you'll find this method more effective than any other method (Abdul Muti. A., 2002, 71).
- You can resort to writing letters to express refusal of some thing or some behaviors because when we are writing letters to express our rejection of some acts, writing allows us a space for wise thinking and analysis, and prudence, more than improvising decisions and judgments and reprimands as the emotion of anger does not manifest itself in writing in the same way it is transmitted in a conversation, and then you'll feel that anger abates. (Shash, 2011, 89)

Fourteenth session:

Communication Skills and good communication:

The significance of the present session stems from the premise that a lot of misunderstandings result from the process of poor communication, where the individual is rarely aware of his bad communicative habits in

angry situations . The best way to achieve rapid progress in improving the communication skills of the individual is to participate in a course or collective work, because in the group others can contribute and draw his / her attention to his/ her inappropriate behavior; thereby giving him/ her the opportunity to get rid of his/her bad habits, and behave in a much better way, especially in the field of dialogue and compliments, requests and complaints , the body language , and the mechanisms of introducing oneself to others.

Fifteenth session:

Our Islamic Religion & Anger:

The Holy Quran and Sunnah pointed out a set of appropriate practical measures to control the emotion of anger and avoid its stimulants, and what the individuals can do when they feel the internal changes and signs of anger, and these procedures are as follows:

- Seeking refuge with Allah from the accursed Satan (I seek refuge with Allah from the accursed Satan).
- Movement and changing the position of the body, as the Prophet peace be upon him said, anger embers glow in the heart. Do not you see the bulge of his cheeks and redness of his eyes? If any of you found something of these he must sit down if he was standing and lie downer if he was sitting. Narrated by Ahmad (10759.1193) from the hadeeth of Abu Sa'eed al Khudri -may Allah be pleased with him.
- Ablutions and the use of water. The prophet peace be upon him said: rage is from Satan and that Satan is created from fire, and fire is extinguished with water, if any of you feel angry , he must make ablution. Narrated by Abu Dawood (4784), and Ahmad (17524).
- Performing prescribed prayers on time , performing regular Sunnah prayers , reading the morning and evening supplications ,seeking forgiveness from Allah , glorifying and praising Allah , raising one's voice saying (There is no God but Allah), commending Allah , and reading the fixed portion of the day from the Koran .

Calling on Alallah with humility and weeping and praying in nights reciting the cow chapter.

Sixteenth session:

Termination and assessment of the effectiveness of the program:

At this meeting the material presented by the researcher in the previous sessions regarding the cognitive and behavioral techniques aiming to promote anger management skill is summarized . These with supporting material and techniques of other sessions may, in turn , contribute to the alleviation of dysthymic disorder level among counselees. Besides , in this meeting the counselees' perceptions of the counseling sessions, and how far they benefitted from these sessions were investigated to get a comprehensive and objective evaluation of the sessions and the researcher's performance . The following table (1) shows the counseling program sessions .

Table (1)

Stages, content and sessions of the counseling program

Session Number	Stage	Session Title	Techniques
First	Beginning	Introductory session - Acquaintance and building counseling relationship.	Discussion - reinforcement - dialog

Second		Participants expectations and building trust.	Collective discussion - reinforcement - dialog
Third – Sixth	Transition	1. Concept of anger - symptoms and causes.	Collective discussion - reinforcement - dialog - brainstorming and Socratic questions - assertive behavior.
		2. Anger is a healthy emotion. (I have the right to be angry)	
		3. Discover roots of anger.	
		4. Identifying the side effects of anger.	
Seventh and eighth	Construction	1. Healthy lifestyle (a). 2. Healthy lifestyle (b).	relaxation – Internal dialog - reinforcement - modeling - self-control - role play.
Ninth and eleventh		- Cognitive Behavioral Therapy (CBT) (Behavioral Strategies). 1. Exercise of relaxation and meditation. 2. self-control and good management of it in angry situations. 3. Frankness and expression of feelings.	relaxation - meditation - positive self-imagining – self-control - reinforcement - problem solving - self monitoring - emotional vintage.
Twelfth and thirteenth		1. What should you do in angry situations. 2. Cognitive and behavioral strategies for anger management.	relaxation - self-control - reinforcement - problem solving - Collective discussion - Socratic questions - Cognitive reconstruction – improving awareness of thinking processes.
Fourteenth		1. Good communication skills	relaxation - Collective discussion – reinforcement - modeling - role play - problem solving - (family and social counseling)
Fifteenth		Islam and anger	Religious and spiritual counseling
Sixteenth	End	Final session (finishing and evaluating the program)	Collective discussion - dialog - reinforcement

Statistical Analysis:

To validate the hypotheses of the study and the effectiveness of the current counseling Program prepared by the researcher in the development of skills of anger management , the following statistical techniques were manipulated:

- Wilcoxon non-parametric test to calculate the significance of differences between the mean scores of two dependent samples.
- Mann-Whitney non- parametric test to calculate the significance of differences between the mean scores and the sum of ranks for two independent samples.

Results of the study:

Results of the first hypothesis :

The first hypothesis is stated as follows: " There are statistically significant differences at the level ($0.05 \geq \alpha$) between the mean scores of the experimental group in the pre-application and their mean scores in the post application of anger management skills scale due to the application of the counseling program in favor of post application".

To verify this hypothesis, the researcher used the Wilcoxon test to calculate the significance of differences between the mean scores of two dependent samples, and table 2 illustrates this.

Table (2)

The results of the Wilcoxon test for the significance of differences between the mean scores of the pre and posttests of the experimental group (n = 8)

Ranks	Number	Rank Mean	Sum of Ranks	Z value	Sig level
Negative	8	8.50	68.00	3.517	Sig (0.05)
Positive	0	0.00	0.00		

It is clear from the above table that the lowest total for the difference between ranks is (0.00) (positive ranks), which is smaller than their critical value, which is equal to (4) at the level of significance (0.05) suggesting the acceptance of the hypothesis, that there are statistically significant differences between the mean scores of the experimental group on the pre administration of the anger management skills scale and their mean scores on the post administration of the scale . (Afaneh,1998 : 172)

The results of the second hypothesis :

The second hypothesis is stated as follows : " There are statistically significant differences at the level ($0.05 \geq \alpha$) between the mean scores of experimental and control groups in the post- application of anger management skills scale due to the application of the program in favor of the experimental group"

To verify this hypothesis, the researcher used the Mann-Whitney non parametric test to calculate the significance of differences between the mean scores and the sum of ranks for the two non-linked groups and the calculated value of (u), and table (3) illustrates this.

Table (3)

Mann Whitney test for the significance of differences between the mean scores of the experimental and control group in the post application of anger management skills scale (n=16)

Group	Number	Rank mean	Sum of ranks	U	Z	Sig. Level
Experimental	8	5.75	46.00	10.00	2.310	(0.05)
Control	8	11.25	90.00			

It is seen from the above table that the value of calculated (U) is less than tabulated value which is equal to (15) at the level of significance (0.05), and therefore the differences in the ranks are statistically significant, and this indicates the existence of a statistically significant difference between the mean scores of students of experimental and control groups in the post application of anger management skills scale, as the value of the calculated (U) is (10, 00), which is statistically significant at the level of (0.05).

Results The third hypothesis :

The third hypothesis is stated as follows: " There are no statistically significant differences at the level (0.05 $\geq \alpha$) between the mean scores of the experimental group on the post and that of the follow- up application of the anger management skills scale".

To verify this hypothesis, the researcher used the Wilcoxon non parametric test to calculate the significance of differences between the mean scores of two linked samples. Table (4) shows the result.

Table (4)

The results of the Wilcoxon test for the significance of differences between the mean scores of the experimental group subjects in the post application of anger management skills scale and their mean scores on the follow up application of the scale (n = 8)

Rank	Number	Rank mean	Sum of Ranks	Z	Sig level
Negative	6	12.98	77.88	3.520	0.05
Positive	2	9.50	19.00		

It is seen from the above table that the minimum sum of the difference of ranks is (19.00) (in the case of negative ranks), which is greater than its critical value, which equals (4) at the level of significance (0.05) and this indicates the acceptance of the null hypothesis, i.e., that there are no statistically significant differences between the mean scores of the experimental group on the post administration the scale of anger management skills and their mean scores on the follow up administration of the scale . (Afaneh.1998 : 172) .

This is ascribed to the effectiveness of the counseling program in the development of the skill of anger management , even after three weeks of the completion of the program

Discussion

This study was conducted in order to know the effectiveness of the cognitive and behavioral counseling program in the development of anger management skills among a sample of non - married females (spinsters) suffering from dysthymic disorder . The study results have shown the existence of statistically significant differences in the level of anger management skills between the experimental and control group in favor of females in the experimental group as the level of anger management skills among females in the experimental group was higher than that in the control group . Besides , there were no statistically significant differences between the mean scores of the experimental group in posttest and their mean scores in the delayed test and this means that the subjects retained the anger management skills they acquired from the intervention even after the program finished . This result demonstrates the stability of the results of the counseling program . This also indicates that the program is effective in the development of anger management skills among unmarried females suffering from dysthymic disorder.

The researcher considers the improvement in the level of anger management skills in the experimental group as a logical consequence of receiving intensive counseling based on scientific grounds and precise methodology , using organized techniques across purposeful counseling sessions . In contrast, the control group did not receive any counseling intervention.

The researcher also attributes this improvement in the subjects' anger management skill to the appropriate and organized environment provided to the counsees by the sessions of the program , which helped the researcher in achieving the specific objectives of the sessions, and overall objective of the program namely developing the target skills of anger management in the sample . This intensive effort was not provided by the researcher for members of the control group . The researcher believes that the collective counseling sessions allowed the counsees in the experimental group to open new horizons for the exchange of experiences and their knowledge in dealing with infuriating life situations around them in the family and outside the family as well which in turn reflected positively on the whole of their daily lives , and reduced anger intensity , and helped them acquire new skills in successfully dealing with and managing rage . In addition ,the researcher's skill in creating a relationship full of trust and mutual respect between the members of experimental group, and between them and the researcher helped in the success of the counseling process; and at the same time contributed to their sense of belonging and mutual trust, and this is the beginning of success in the counseling process. This was quite obvious in their consent for the time and place of the counseling program sessions . Moreover , the researcher thinks that the contents , activities of the counseling sessions, skills , experiences , and purposeful scientific practices helped in achieving the objectives of the program.

Additionally, the researcher attributes the presence of statistically significant differences in the level of anger management skills between control and experimental groups in favor of the experimental group to the positive impact of the meetings of the counseling program , and to the subjects' benefiting from the techniques grounded in cognitive-behavioral and family , religious and social counseling, especially in the sessions that dealt with the concept of anger as a healthy emotion , and a right of every individual, provided

that he / she expresses his/her anger in a pedagogically sound way that does not harm the feelings of others . Likewise , the researcher pointed out to the counselees that this cannot be attained by an individual unless he/she masters good and wise skills of efficiently dealing and managing his/her anger so as not to be destructive to oneself and others . Perhaps, more importantly, were the contents of the counseling sessions with respect to the skills of anger management which taught them how to master anger before it controls them. The first step in this is to help them understand the negative and unconstructive effects of anger besides knowing the stimuli and situations that provoke it, and identifying internal changes that foretell that anger is imminent and making these changes a springboard to control anger .

The frankness and expression of feelings session aided the counselees to express their sentiments ,emotions, and anger because it is important and essential for the counselees' enjoyment of health and feeling of comfort , rather than suppress these emotions and keep them concealed without giving them an opportunity to surface in an appropriate way . The important thing here is how we can enable counselee's expression or catharsis of those emotions properly . Although anger is a healthy emotion that must be allowed an exit, expressing it sometimes can be a devastating situation and an uncivilized state which entails offence and hostility to others, and this is what the researcher tried implanting in the mind and thought of the counselees through the cognitive-behavioral counseling sessions .

The researcher believes that counselees' conviction of their real need and explicit desire to develop anger management skills, in an atmosphere of convincing dialogue, constructive discussion , and supportive ideas of the objectives of the program , all of that constituted a strong support to achieve these goals , as well as the sessions that dealt with the cognitive technicalities such as the technique of developing awareness of thinking processes , re- construction of knowledge , the acquisition of problem solving skills , identification of illogical ideas associated with the emotion of anger to drive them , and preventing them from prevailing on oneself and behavior , are consistent with what Hussein concluded (2007:20) that how an individual perceives an event and the provocations that he /she faces are the things that spur him/her to respond in an angry way . This is also consistent with Goleman's study (2000 : 91) in which he maintained that it is possible to prevent anger by putting an end to the ideas stimulating it , and striving to stop them, which in turn extinguishes the fire of anger in the very beginning.

In addition , the researcher used some behavioral techniques in this program , such as relaxation , self-affirmation without an assault on the rights of others , and self-control in angry situations and positive reinforcement , and some emotional techniques , which included emotional venting, and social techniques , such as role-playing , and the active participation of the group in the activities of the sessions that included good learning of effective communication skills, all of which helped the counselees to express their thoughts and feelings freely , and conveniently in an atmosphere of trust , safety and respect. The researcher believes that those techniques combined were effective in achieving the objectives of the program . The sessions presented here consist with the cognitive model for the treatment of anger developed by " Novaco(1975) , which aims to amend the construction of knowledge associated with anger , through the development of skills of self-regulation and self-monitoring , the use of techniques of calm , relaxation, and use of problem solving skills . Through this model the trainee is provided with information about the emotion of anger , and an increase in motivation to change the response of anger by thinking about the consequences (Taylor, et.al, 2002).

The researcher has noticed a vast difference between the behavior of counselees at the beginning of the sessions, and the end of the sessions and a lot of change and adjustment occurred in those behaviors after a number of sessions. She believes that this difference may be due to the techniques that have been used by the researcher as role-playing, exchanging roles and social modeling showing how their behavior can be in situations of anger.

The researcher also believes that Islamic religious counseling techniques she used and Islamic viewpoint of anger and mechanism of dealing with situations of anger in the Holy Quran and the Sunnah she pointed out to the counselees, all helped them to discover their motives behind the anger they have, which helped them to understand themselves very well, and disclose their hidden motives, and judge their behavior in angry situations. This is consistent with Bassiouni's findings(2005), in which he referred to the effectiveness of religious counseling in alleviating the impact of the emotion of anger.

Additionally, the counselees made use of the techniques proposed by the researcher in the sessions dealing with a healthy lifestyle and these helped them to alleviate anger, and acquire the skill of dealing with angry situations. My techniques are similar to those of Faupel, A. & et.al (1998) which listed a series of measures that would ease the state of anger, such as: Walking away from the incident, Talking yourself into feeling calm, having a special place to go, having a special person to be with, breathing deeply and slowly.

Some of the counseling techniques the researcher manipulated in this study are similar to the strategies referred to by Rebert Nay (2004) in his study of anger and a mechanism to deal with it in which he talked about The Three As (A1: Awareness of anger triggers and symptoms, A2: Acknowledgment that anger is a problem we should solve, A3: Actions ABC Strategies (A: Affective Strategies, B: Behavioral Strategies, C: Cognitive Strategies).

However, this counseling program is different from the one prepared by Deborah M. & Mark M., (2007), which was designed to manage anger in children who suffer from hyperactivity disorder, activity and attention deficit, where they pointed to several steps to manage the anger the most important of which are: Brain storming, judging, choosing, reciting, practicing and processing

Conclusion :

From the above, it can be said that the counseling Program prepared by the researcher in the current study in order to develop anger management skills among females suffering from dysthymic disorder has scientifically and methodologically proven effective. This was not possible without the extensive effort expended in the course of the meetings of the program, the activities and home assignments given to the counselees during the application of the program; where they practiced what has been agreed upon with the researcher regarding the measures that can help in alleviating the emotion of anger, as well as the important role of support and backing up in helping the counselees feel psychological security and encouragement to engage in emotional discharge and alleviate the emotion of anger continuously even after the end of the program sessions. This indicates the program's effectiveness in achieving its goal of.

Recommendations:

According to the previous results of the study, researcher recommends, paying attention to designing counseling programs based on the cognitive-behavioral approach besides highlighting their role in

modifying many of the maladjustment behaviors among individuals , and improving the level of familial and social adjustment , as well as holding training courses for counselors and psychologists to apply the sessions of this program on different and new segments of the community in different areas in the Gaza Strip , in order to develop the skill of anger management.

The researcher also recommends the need to combine techniques of cognitive-behavioral counseling with modern religious spiritual guidance and counseling techniques to create a kind of integration between the strategies of contemporary and religious rights that do not only work in this worldly life, but they remain in the life hereafter as a treasure for people in doomsday .

References

- Abdul Muti,,A., (2006) . How to be a successful father ? *Iman publishing & Distribution House* , Alexandria, Egypt .
- Abu Asaid , M. A., & et al(2008) . The effectiveness of a counseling program based on cognitive modeling and self-help instructions in the development of problem-solving skills , anger management and reduction of violence among abused wives in Jordan , *Al-Basar journal* .12 (2) 0.71 to 100 .
- Afaneh , I., (1998) . Educational Statistics , first impression, *Miqdad printing house* . Gaza .
- Asfour, O. A. (2004) . How to understand and get rid of anger, Kuwait , Othman *Al-Asfour publishing house*.
- Al-Khader, M. O. (2004) . Anger and its relationship to mental health variables , *Journal of Social Science*, 1 (32),69-102 .
- Al-Sunbl, A. A.(2005) . Standardization of the adaptation measure among learners in literacy centers and adult education in the city of Riyadh , *The Journal of the Faculty of Education , University of the United Arab Emirates* (22) , 1_ 43 .
- American Psychiatric Association (2000) . Diagnostic & Statistical Manual of Mental Disorders , (DSM) Text Revision (*DSM-IV-TR-IM*) 4th ed . Washington , DC.
- Bassiouni , S. S.(2005) . Emotional expression of anger and its relationship to social skills among a sample of female students from the College of Education for Girls in Jeddah , the effectiveness of a counseling program to alleviate anger intensity . *Center for psychological counseling , the Twelfth Annual Conference between 25 to 27 December 2005* , p 636-676 , Cairo University .
- Collen,R.B. (2007). A Study of Factors Predicting Dating Violence Perpetration among Male & Female College Students . *Thesis of Master in Science in Human Development* , Virginia Polytechnic Institute & State University .
- Committee for children (2002). Second step: A violence prevention curriculum (3 ed) , *Seattle: Committee for children* .
- Deborah M., & Mark M., (2007). An Anger Management Program For Children with attention Deficit , Hyperactivity Disorder , *Therapeutic Recreation Journal* , 41(1) ,16-28 .
- Faupel,A.,& et.al(1998). Anger Management – A Practical Guide , *London : David Publishers* .
- Rebert N. (2004) . Taking Charge of Anger . *London : The Guilford Press* .
- Fayed , H. A. (2003) . Gender differences in the relationship between anger and depression , *Annals of Arts , Ain Shams* 0.1 (31) 0.61 to 107 .

- Gabriele M., Stefania M., Maria M., Rosa R, P., , Giulio P., , Hagop S.,(2003). Phenomenology & Comorbidity of Dysthymic Disorder in 100 Consecutively Referred children and Adolescents , *Bey and DSM-IV. Can J Psychiatry* , 48(2),99-105
- Goleman , D. (2000) The emotional intelligence , *World of Knowledge* , N 262.
- Hamza , A. (2012) . Anger scale for adolescents , *Princess Nora bint Abdel- Rahman university , Riyadh , Saudi Arabia* .
- Harper , F., Austin , A., Cercone , J., & Arias , I . (2005). The Role of Shame , anger & affect regulation in Men's Perpetration of Psychological abuse in dating relationships . *Journal of Interpersonal violence* , 20(12),1648-1662.
- Hassoun , T. (2004) . A quick Revised Reference to the Diagnostic and Statistical Manual IV of mental disorders - American Psychiatric Association - Ibn Sina Hospital for psychiatric diseases , *Damascus (DSM-IV-TR-American Psychiatric Association)*
- Hussein , T.,Abdel A. (2007) . Anger and aggression management strategies , Oman , Dar Al- Fikr.
- Ibrahim , M. A.(2003) . Studies in psychology and mental hygiene: Anger disorders, theoretical background, diagnosis and treatment , *Cairo , Dar Al- kitab Al-Hadith.*
- Kafafi, A. & Nial , M., A. (2000), The Arab anger scale .*Anglo – Egyptian Bookshop ,Cairo.*
- Kyung B.K., & Joong K.P.(2008). The Relation between Anger Management Style and Organ System Related Somatic Symptoms in Patients with Depressive Disorders and Somatoform Disorders. *Yenisei Med Journal* ,49(1),46-52.
- Leckart,B., (2011). The Wetc Psychology Newsletter, Westwood Evaluation & Treatment Center , 11340, Olympic Boulevard, Suite 303 , Los Angeles, California , 90064, 0-444-3154,DrleckartWETC@gmail.com. 1(28),1-2
- Safan , M. A. (2003) . Studies in psychology and mental hygiene: emotion of anger disorder , *Cairo , Dar Al-Fikr Al-Hadith.*
- Samur , A. (2007) . Psychiatric diseases : causes , diagnosis and treatment , Gaza : Dar Al -Miqdad printing house.
- Shash, H. (2011) .The Art of Anger Management , Encyclopedia of practical child education, p 289,<http://www.ajoory.com>.
- Stith , SM, Hamby SL(2002). The Anger management Scale : Development & Preliminary Psychometric Properties . *Journal of Violence Viet* . 17(4):383-402. Pubmed.
- Suliman , S.(2007) Anger: causes , harms , prevention and treatment , *series of psychological culture for all*, number (13) , Cairo , the world of books publishing house .
- Taylor , J.L., Novaco, R.W., Gillmer, B and Thome, I . (2002) . Cognitive – Behavioral treatment of anger intensity among offenders with intellectual disabilities , *Journal of research in Intellectual Disabilities* , 15(1),151-165 .

- Yeciel L., MD, Enrico T., MD & George I. P. , MD.(2010) .” Efficacy of Antidepressants for Randomized Trials”, *Harvard Medical School, Boston , MA02114*
(etedeschini@partners.org.)
- Yusra, S. (2009) . Anger management skill needed by educators, 3/ June , Islam Agenda ,http // [www.islammemo.cc / mostashar / Atfalna](http://www.islammemo.cc/mostashar/Atfalna).

مقياس ادارة الغضب

عزيزتى المرأة الفاضلة /

أمامك مجموعة من الفقرات تتضمن عدداً من السلوكيات التي تشير الى بعض السلوكيات التي تمارسها في المواقف التي تثير غضبك ، برجاء التكرم بوضع إشارة (√) أمام التدرج الذي يتناسب مع الدرجة الحقيقية لسلوكك إزاء هذ التحديات ، علماً بأن نتائج هذه الاستبانة سرية لأغراض البحث العلمي ، لذا يرجى توخي الدقة والصدق والموضوعية عند الإجابة عنها.

بعد مثيرات الغضب	كثير جدا	كثيرا	قليل	قليل جدا
1				تتولد لدي مشاعر الغضب عندما أتعرض للنقد .
2				يثير غضبي عدم اهتمام الآخرين بإنجازاتي.
3				أغضب عندما أعجز عن تحقيق أهدافي.
4				أشعر بالغضب عندما يرفض الآخرون تحقيق مطلبي .
5				أغضب عندما يقاطعني أحد أثناء الكلام .

				أغضب عندما يتحدث الآخرون معي بصوت مرتفع .	6
				أغضب عندما يسخر مني الآخرون .	7
				أشعر بالغضب عندما تتسبب أخطائي غير المقصودة بإفساد علاقتي مع الآخرين .	8
				أشعر بالغضب عند تذكري لشيء سيء حدث لي في الماضي .	9
قليل	قليل	كثيرا	كثير	بعد الغضب الخارجي	
جدا			جدا		
				تتولد لدي رغبة في تدمير ممتلكات غيري عندما أغضب .	10
				أجد صعوبة في التنفس عندما أغضب .	11
				تتسارع دقات قلبي عندما أغضب .	12
				أشعر بألم في صدري عندما أغضب .	13
				يصاحب غضبي شعور بالأعياء الشديد .	14
				يرتفع ضغط دمي عندما أغضب .	15
				أستطيع أن أعبر عن غضبي أمام الآخرين.	16
				عندما أغضب أصبح وأتور في وجه من أثار فضبي .	17
				عندما أغضب اوجه عدواني نحو الآخرين .	18
				أستخدم آلات حادة لا تلاف ممتلكات الآخرين عندما اغضب .	19
				أحطم الأشياء من حولي عندا أغضب	20
قليل	قليل	كثيرا	كثير	بعد الغضب الداخلي	
جدا			جدا		

				ينتابني الشعور بالضييق عندما أ غضب .	21
				أشعر بالألم عندما أ غضب .	22
				عندما أ غضب تظهر لدي مشاعر عدائية تجاه من تسبب في غضبي .	23
				ارتبك عندما أ غضب .	24
				يلازم غضبي رغبة في الاعتداء على ذاتي .	25
				أشعر بالرغبة في تدمير ممتلكاتي عندما أ غضب .	26
				عندما أ غضب انسحب من الموقف الذي غضبي .	27
				عندما أ غضب أستطيع اخفاء مشاعر غضبي .	28
				أقضم أظفاري عندما أ غضب.	29
				أضغط على أسناني عندما أ غضب .	30
				أشد شعري عندما أ غضب .	31
				أقطع ملابسي عندما أ غضب .	32
قليل	قليل	كثيرا	كثير	بعد التحكم في الغضب	
جدا			جدا		
				أفقد قدرتي على السيطرة التامة على نفسي أثناء الغضب .	33
				أشعر أنني على وشك الانفجار عندما أ غضب ..	34
				أشعر أنني استمر في حالة اغضب أكثر من اللازم .	35
				أشعر بالغضب لأتفه الاسباب .	36
				أشعر بأن عدد مرات غضبي خلال اليوم الواحد أكثر من الآخرين .	37

				أفقد أعصابي بسهولة عندما أ غضب .	38
				يصعب علي كظم غضبي واخفائه عن الاخرين .	39
				يستطيع الاخرون استثارة غضبي بسهولة .	40
				أمارس التمارين الرياضية لضبط غضبي والتحكم به .	41
				عندما أ غضب استخدم تقنيات لضبط غضبي وتخفيف حدته .	42
				أفكر بنتائج غضبي السلبية قبل أن اغضب .	43
				لدي القدرة على الاحتفاظ بهدوئي في مواقف الغضب .	44
				اتنفس بعمق وأحاول الاسترخاء عندما اغضب .	45
				أحاول السيطرة على مشاعري عندما أ غضب .	46