RESEARCH ARTICLE

THOUGHT FIELD THERAPY ON STRESS AND ANGER AMONG SCHOOL CHILDREN

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ABSTRACT

Background: School children face a lot of emotional issues during the period of development. India is home land to more than 243 million adolescents of the country's population. School children were reported high Stress for 37% and children of 16-19 years experienced more Anger. Thus addressing the impact of Stress and Anger, Thought Field Therapy helps the children maintaining a balance in emotional and behavioural factors. **Aim:** To evaluate the Effectiveness of Thought Field Therapy on Stress and Anger among School children. **Methods:** A quantitative research approach with True-experimental research design was adopted for the study. Initially 110 school children were selected by using Simple random sampling technique. The pre and post test level of Stress was assessed by Cohen Perceived Stress Scale and Anger was assessed by Modified Clinical Anger Scale. In that 55 school children in experimental group who received Thought Field Therapy and 55 school children in control group who had no Intervention. The data was analyzed by descriptive and inferential statistics. **Result:** In both subgroups, significant results (p<0.002) were observed and most of the symptoms of Stress and Anger was reduced in the experimental group than control group. **Conclusion:** This study proves that Thought Field Therapy was effective in reducing the level of Stress and Anger among school children.

INTRODUCTION

Adolescence is the transitional stage of physical and psychological development between childhood to adulthood (Biplob Kumar, 2014). India contributes 21% of adolescent's population in the world and one-fifth of adolescent in age group of 10–19 years (Siva gurunathan, 2015). Adolescence period is a stage of 'Storms and Stresses' and supreme importance phase in the life of human in which a person gets physical development, emotional feelings, mental maturity and cognitive processes (https://study.com/academy/lesson/g-stanley-hall-storm-stress-in-adolescence.html).Stress is viewed as a negative emotional, cognitive function, behavioral and physiological process that a person try to adjust and deal with stressors (Peter senge, 2017). Stress may lead to many problems such as poor grades, not studying or reading enough disorganization, Skipping classes, Wasting time and procrastinating (Najumonha, 2011). The academic stress of School children and young adult's emerges as a significant mental problem for 10% to 30% students that affect their academic performance and affect their emotional and physical well being. Stress in adolescence is due to information load, high expectations from parents and teachers, academic pressures, unrealistic ambitions, limited employment opportunities and high competitiveness (Sutha Mahesh, 2015).

The prevalence rate of adolescent psychiatric disorders due to stress and anger in the community is 6.46% and in the school is 23.33% (Vivek Waghachavare, 2011). Anger is an intense emotional reaction caused by covert or overt threats such as interference, attack, aggression, frustration, stress, abuse, poor social or familial situations and poverty. Anger may lead to rage, Irritability, Tingling, Tremors, Palpitations, Chest tightness, Tirades, Heated arguments, Physical fights, Property damage, Threatening or assaulting people or animals. Recent study shows that 36% of students in grades 9 to 12 reported of doing physical fight and 14% reported of destroying the school property (Manoj Kumar, 2014). Nearly 8% of adolescents have violent outbursts that lead to mental health disorder (Cohen, 1995). Stress and Anger plays an important role in school children which causes major physical and psychological burden leading to educational problems, violence and social isolation. A study shows that the psychological stress of school children was reduced by the Thought field therapy for about 5.8% (Rambha Pathak, 2011). There are exiguous proportion of studies related to Thought Field Therapy on stress and anger among school children. Hence, Researcher has an interest in replication of Thought Field Therapy among school children to reduce Stress and Anger thereby maintaining good balance in emotional factors and promoting better academic performance.

The purpose of interview was explained to the school children and the school teachers with the help of information sheet. During the interview, the investigator explained the ethical issues related to the study to the school teachers. After explaining the procedure to the school children, the investigator obtained an informed consent regarding their willingness to participate in the study. A separate place was selected for interview and subjects were made comfortable and relaxed. Through the interview method, pre and post -test level of Stress was assessed by Cohen Perceived Stress scale and Anger was assessed by Modified Clinical Anger scale. In Experimental group, The Thought Field Therapy was administered to 55 school children for the duration of 30 to 45 min daily for 21 days. Data obtained were analyzed using descriptive and inferential statistics.

RESULTS

The study findings are presented in three Sections as

Section-A: Demographic variables of school children with Stress and Anger

Section-B: Effectiveness of Thought Field Therapy on level of Stress and Anger among School children.

Section-C: Association between the level of Stress and Anger among School children and the selected demographic variables.

Section-A: Distribution of Demographic Variables of School children: Amongst the total 110 students, 11(20.0%) in Experimental group, 19(34.5%) in Control group belongs to the age group of 15 years, and 36(65.5%) in Experimental group, 29(52.7%) in Control group belongs to the age group of 16 years and 8(14.5%) in Experimental group and 7(12.7%) in control group belongs to the age group of 17 years. In the Subject group of School children 11(20.0%) in Experimental group, 11(20.0%) in Control group were in computer group and 11(20.0%) in Experimental group, 11(20.0%) in Control group were in biology group and 11(20.0%) in Experimental group, 11(20.0%) in Control group were in pure science group and 11(20.0%) in Experimental group, 11(20.0%) in Control group were in commerce group and 11(20.0%) in Experimental group, 11(20.0%) in Control group were in vocational group. The demographic data of the study subjects are given below in Table 1.

Section-B: Effectiveness of Thought Field Therapy on Stress and Anger among School children

Figure 1 projects, In pre-test 1(1.8%) had No stress, 24(43.6%) had Mild Stress, 27(49.1%) had Moderate Stress and 3(5.5%) had Severe Stress in Experimental group and 0(0%) had No stress, 11(20%) had Mild Stress, 44(80%) had Moderate Stress and 0(0%) had Severe Stress in Control group In post-test 50(90.0%) had No stress, 5(9.1%) had Mild Stress, 0(0%) had Moderate Stress and 0(0%) had Severe Stress in Experimental group and 0(0%) had No stress, 50(90.0%) had Mild Stress, 5(9.1%) had Moderate Stress and 0(0%) had Severe Stress in Control group. Figure 2 depicts, in pre-test 0(0%) had Minimal clinical anger, 3(5.5%) had Mild clinical anger, 7(12.7%) had Moderate clinical anger and 45(81.8%) had Severe clinical anger in Experimental group and 55(100%) had Moderate clinical anger in Control group. In post-test 12(21.8%) had

Minimal clinical anger, 27(49.1%) had Mild clinical anger, 14(25.5%) had Moderate clinical anger and 2(3.6%) had Severe clinical anger in Experimental group and 55(100%) had Severe clinical anger in Control group. Figure 3 highlights the pre-test mean Stress level of Experimental group and Control group was 24.8 and 26.45 respectively. The post-test mean Stress level of Experimental group and Control group was 14.62 and 22.44 respectively. The obtained Wilcoxon value of experimental group was 1539 and Control group was 1430. There is a significant difference between pre- and post-test mean value of Stress level in Experimental group and Control group. Thus, indicates that Thought Field Therapy is significantly effective in reducing Stress at $P < 0.001$. Figure 4 represents the pre-test mean Anger level of Experimental group and Control group was 44.31 and 50.18 respectively. The post-test mean Anger level of Experimental group and Control group was 17.98 and 45.71 respectively. The obtained Wilcoxon value of experimental group was 1540 and Control group was 1539. There is a significant difference between pre- and post-test mean value of Anger level in Experimental group and Control group. Thus, indicates that Thought Field Therapy is significantly effective in reducing Anger at $P < 0.001$.

Section-C: Association between the level of Stress and Anger among School children and the selected demographic variables.

Figure 5 highlights that there is a significant association between the level of Stress and Occupation of parents of School children at $p < 0.002$.

Figure 6-9 highlights that there is a significant association between the level of Anger and Subject group, Academic grade, Educational qualification of parents, Type of family of School children at $p < 0.002$.

DISCUSSION

The main objective was to determine the Effectiveness of Thought Field Therapy on Stress and Anger among School children with Cohen Perceived Stress Scale and Modified Clinical Anger Scale: The study finding reveals the level of Stress in experimental group and control group during Pre-test and Post Test. In pre-test 1(1.8%) had No stress, 24(43.6%) had Mild Stress, 27(49.1%) had Moderate Stress and 3(5.5%) had Severe Stress in Experimental group and 0(0%) had No stress, 11(20%) had Mild Stress, 44(80%) had Moderate Stress and 0(0%) had Severe Stress in Control group. In post-test 50(90.0%) had No stress, 5(9.1%) had Mild Stress, 0(0%) had Moderate Stress and 0(0%) had Severe Stress in Experimental group and 0(0%) had No stress, 50(90.0%) had Mild Stress, 5(9.1%) had Moderate Stress and 0(0%) had Severe Stress in Control group. In pre-test 3(5.5%) had Mild clinical anger, 7(12.7%) had Moderate clinical anger and 45(81.8%) had Severe clinical anger in Experimental group and 0(0%) had Minimal clinical anger, 0(0%) had Mild clinical anger, 55(100%) had Moderate clinical anger and 0(0%) had Severe clinical anger in Control group. In post-test 12(21.8%) had Minimal clinical anger, 27(49.1%) had Mild clinical anger, 14(25.5%) had Moderate clinical anger and 2(3.6%) had Severe clinical anger in Experimental group and 0(0%) had Minimal clinical anger, 0(0%) had Mild clinical anger, 0(0%) had Moderate clinical anger and 55(100%) had Severe clinical anger in Control group. The pre-test mean Stress level of Experimental group and Control group was 24.8 and 26.45 respectively.

Table 1. Frequency and Percentage distribution of demographic variables of School children

N=110

| S.NO	Demographic Variables		Experimental Group		Control Group	
			Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
1.	Age in years	15	11	20.0	19	34.5
		16	36	65.5	29	52.7
		17	8	14.5	7	12.7
2.	Subject Group	Computer	11	20.0	11	20.0
		Biology	11	20.0	11	20.0
		Pure science	11	20.0	11	20.0
		Commerce	11	20.0	11	20.0
		Vocational	11	20.0	11	20.0
3.	Academic grade	A (85 and above)	5	9.1	3	5.5
		B (75 to 84)	14	25.5	32	58.2
		C (above 50 to 74)	26	47.3	12	21.8
		D (below 50)	10	18.2	8	14.5
4.	Educational qualification of parents	Illiterate	3	5.5	1	1.8
		Primary	14	25.5	34	61.8
		Secondary	19	34.5	19	34.5
		Higher secondary	18	32.7	1	1.8
		Degree	1	1.8	0	0.0
5.	Types of family	Nuclear	16	29.1	2	3.6
		Joint	37	67.3	37	67.3
		Single parent	2	3.6	16	29.1
6.	Dietary pattern	Vegetarian	3	5.5	1	1.8
		Non vegetarian	52	94.5	54	98.2
7.	Number of siblings	0	6	10.9	7	12.7
		1	37	67.3	33	60.0
		2	11	20.0	13	23.6
		More than 3	1	1.8	2	3.6
8.	Occupation of parents	Daily wager	10	18.2	5	9.1
		Self employment	24	43.6	32	58.2
		Government	15	27.3	18	32.7
		Private	6	10.9	0	0.0
9.	Monthly income of the family	Rs.1000-5000	7	12.7	2	3.6
		Rs.5000-15000	39	70.9	37	67.3
		Rs.15000-30000	7	12.7	16	29.1
		More than 30000	2	3.6	0	0.0
10.	Birth order	First	13	23.6	6	10.9
		Second	33	60.0	30	54.5
		Third	9	16.4	19	34.5
		Above three	4	7.3	7	12.7
11.	Family history of mental illness	No	55	100	55	100
12.	Area of living	Rural	4	7.3	5	9.1
		Urban	39	70.9	40	72.7
		Semi urban	12	21.8	10	18.2
13.	Mode of transport	By walk	3	5.5	4	7.3
		By cycle	31	56.4	49	89.1
		By four wheeler	5	9.1	2	3.6
		By bus	16	29.1	0	0.0
14.	History of medical illness	Yes	1	1.8	0	0.0
		No	54	98.2	55	100.0
15.	Previous knowledge	No	55	100.0	55	100.0
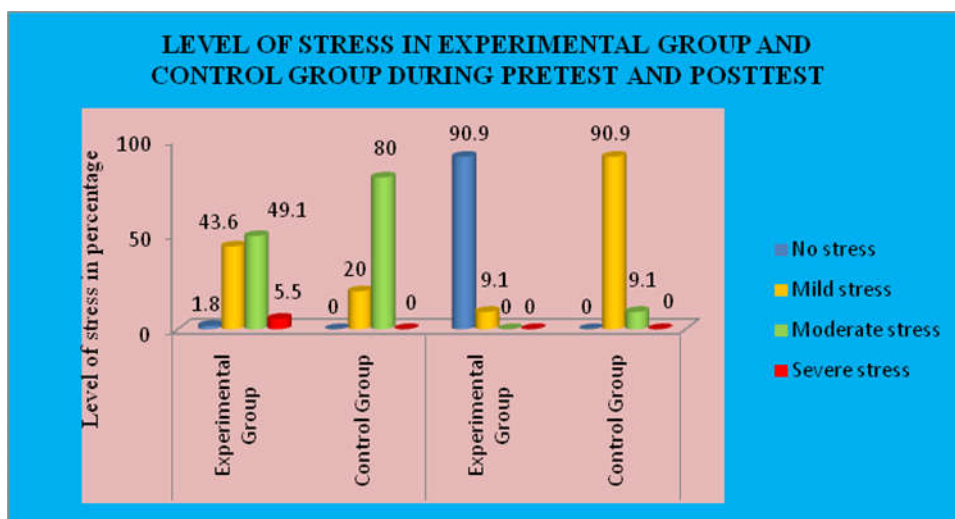
Figure 1. Distribution of Level of Stress in experimental group and control group during Pre-test and Post Test
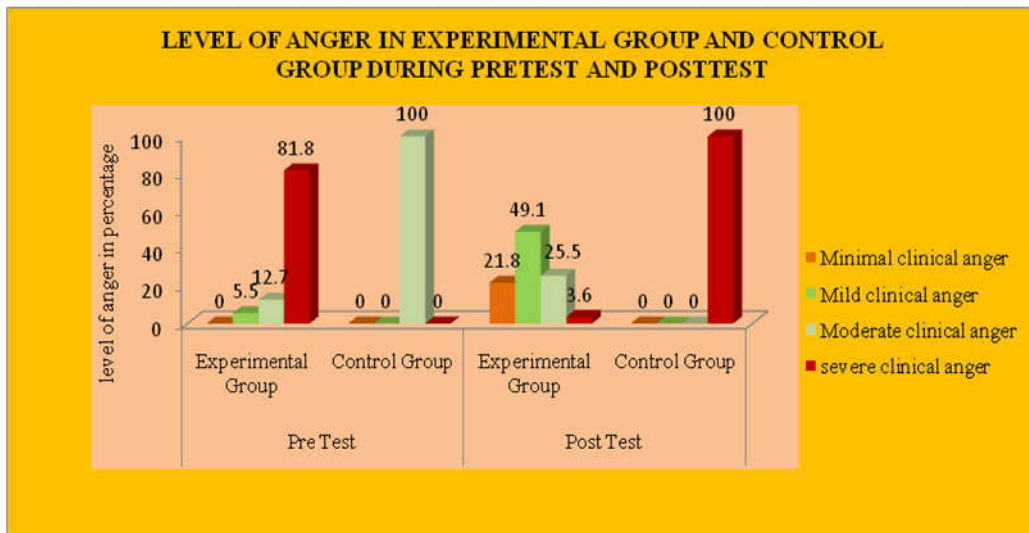
Figure 2. Distribution of Level of Anger in Experimental group and Control group during Pre-test and Post Test
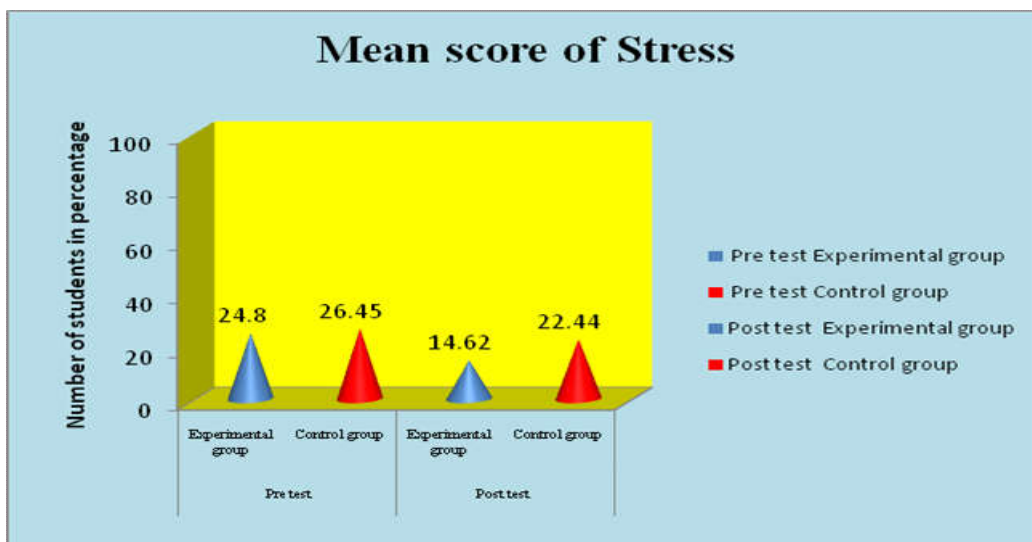

Figure 3. Comparison of Pre and Post-test of Mean Stress level between Experimental Group and Control Group among School children

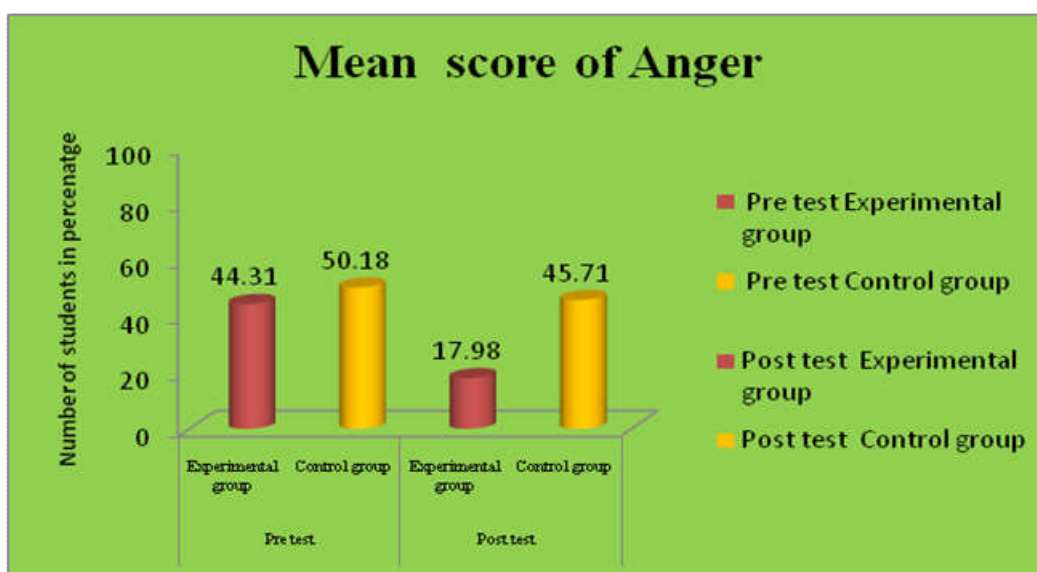**Figure 4. Comparison of Pre and Post-test of Mean Anger level between Experimental Group and Control Group among School children**
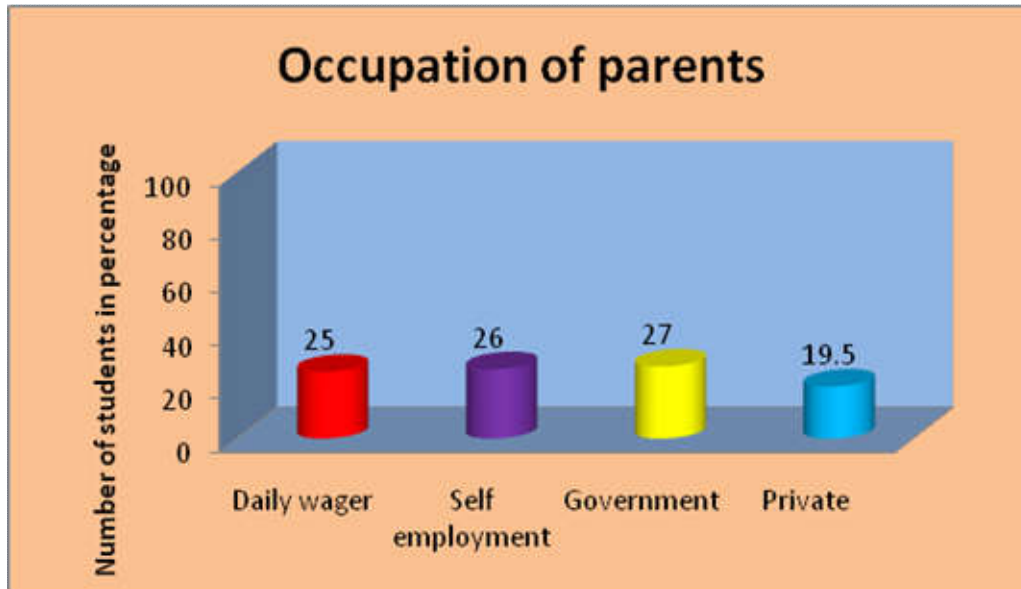
Figure 5. Association between the level of Stress and Occupation of parents of School children
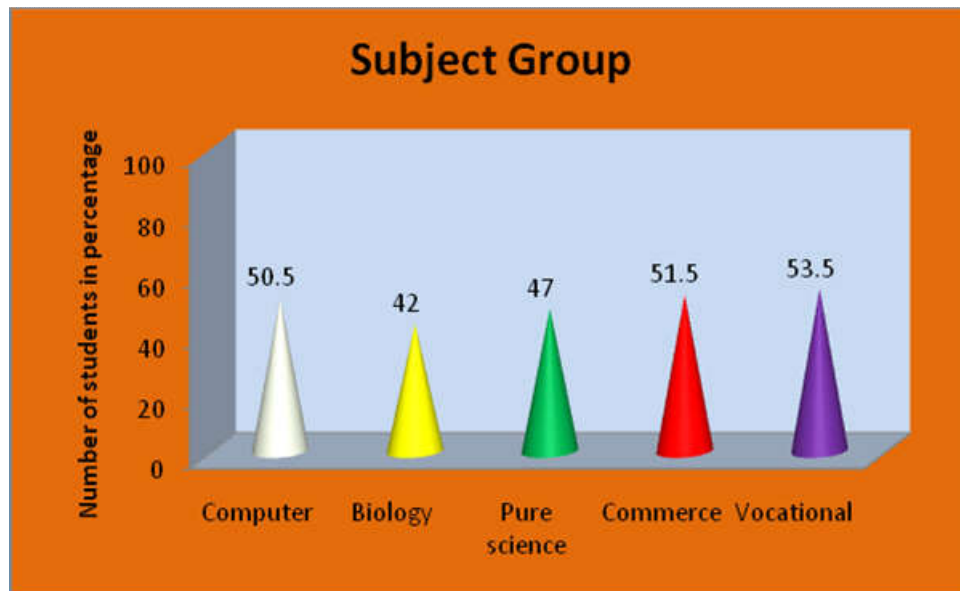

Figure 6. Association between the level of Anger and Subject Group of the School children
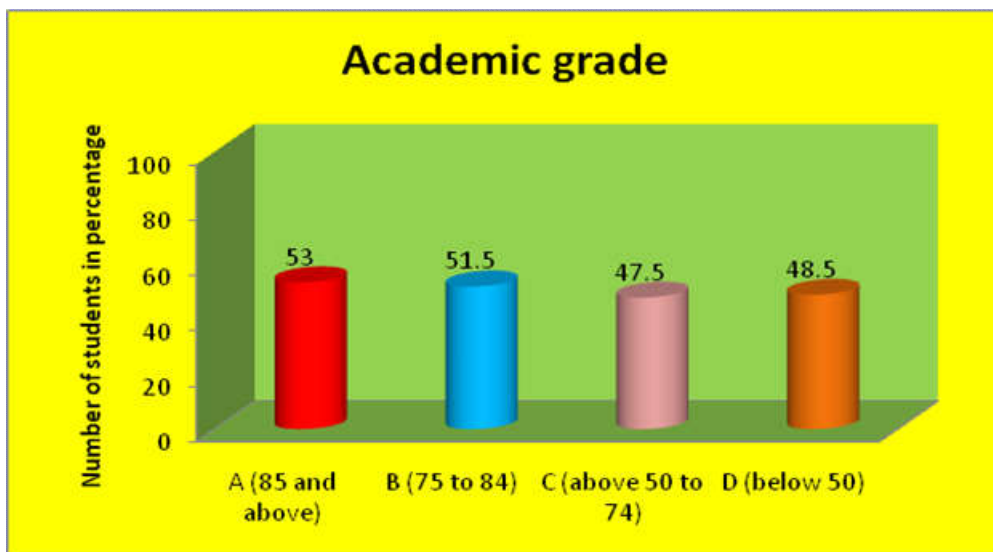

Figure 7. Association between the level of Anger and Academic grade of the School children
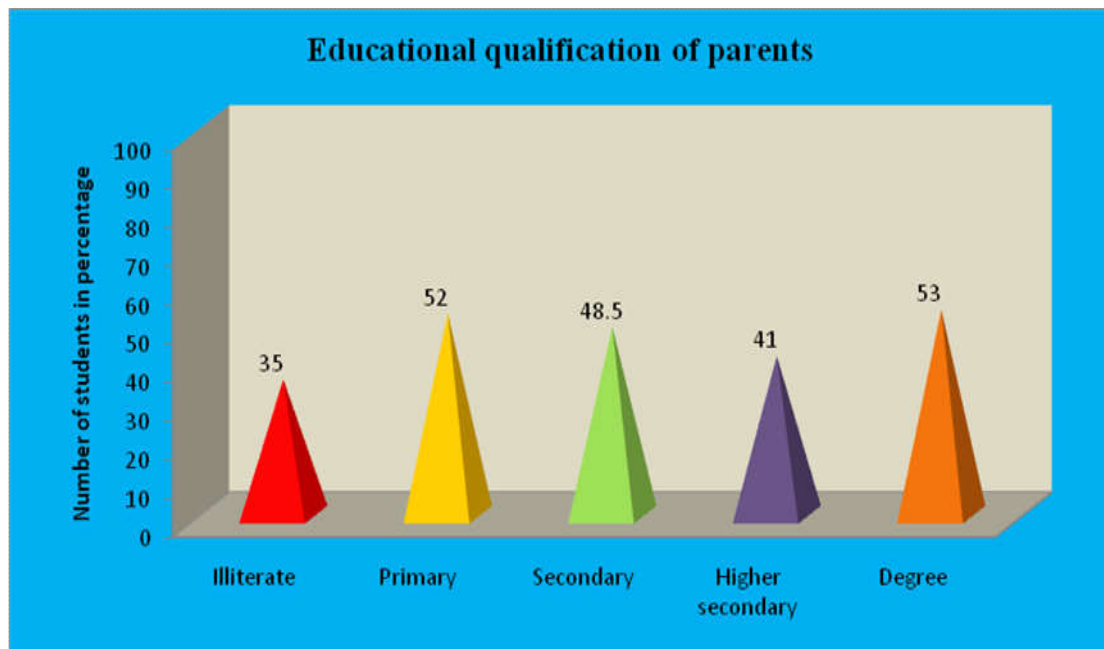
Figure 8. Association between the level of Anger and Educational qualification of parents of School children
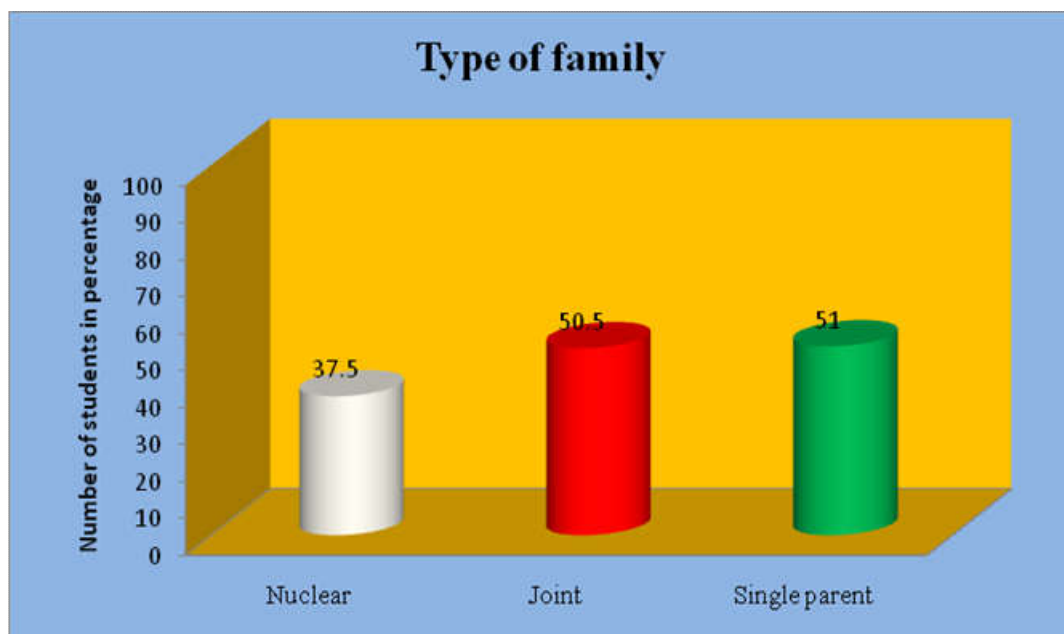

Figure 9. Association between the level of Anger and Type of family of School children

The post-test mean Stress level of Experimental group and Control group was 14.62 and 22.44 respectively. The obtained Wilcoxon value of experimental group was 1539 and Control group was 1430. There is a significant difference between pre- and post-test mean value of Stress level in Experimental group and Control group. Thus, indicates that Thought Field Therapy is significantly effective in reducing Stress at $P < 0.001$. The pre-test mean Anger level of Experimental group and Control group was 44.31 and 50.18 respectively. The post-test mean Anger level of Experimental group and Control group was 17.98 and 45.71 respectively. The obtained Wilcoxon value of experimental group was 1540 and Control group was 1539. There is a significant difference between pre- and post-test mean value of Anger level in Experimental group and Control group. Thus, indicates that Thought Field Therapy is significantly effective in reducing Anger at $P < 0.001$. It revealed that Thought Field Therapy was effective in reduction of Stress and Anger among School children. Hence the stated

research Hypothesis (H_1) was accepted, i.e. there is a difference in the level of Stress and Anger before and after Thought Field Therapy among School children. It is supported by an experimental study to assess the effectiveness of Thought field therapy on level of anger among 60 adolescents in selected schools selected by using Simple random technique. The data was collected by Modified NOVACO anger Scale. The finding shows that the post test mean value of anger was 56.57 with the standard deviation of 16.67 and in control group the post test mean value of anger was 69.2 with the standard deviation of 10.14. Hence, Thought field therapy to the adolescents was effective to reduce the level of anger.[6]

Another objective of the study was to associate the level of Stress and Anger and selected socio- demographic variables: The data highlights that, there is a significant association between the level of Stress and Occupation of parents of School children at p < 0.002 and there is a

significant association between the level of Anger and Subject group, Academic grade, Educational qualification of parents, Type of family of School children at $p < 0.002$. Hence, the research hypothesis (H_2) was accepted. i.e. there is a association between the level of Stress and Anger and the selected socio- demographic variables.

Limitations

- Difficult to gather the study samples for the workout section in the school.

Recommendations

- Based on the findings, the following recommendations have been made for further study.
- A comparative study can be conducted to assess the effectiveness of Thought Field therapy and Cognitive behaviour therapy on Stress and Anger using a large number of samples.
- A descriptive study can be conducted on knowledge and attitude of the school children and their teachers, regarding Thought Field Therapy as one of the method to reduce Stress and Anger.
- The study can be done in different setting with different sample.

Conclusion

This study reveals that the level of Stress and Anger is high among school children. The post-test level of Stress and Anger score was lower than the pre-test score after administration of Thought Field Therapy. Thus this study proves that Thought Field Therapy was statistically significant in reduction of Stress and Anger among school children. Hence, the Thought Filed Therapy is an effective intervention to reduce the Stress and Anger among School children.

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