

EXPLORING THE ROLE OF AGGRESSION AND COPING STYLES: A STUDY ON EARLY ADULTHOOD

¹Dr. Rooprekha Baksi

Assistant Professor, Amity University Kolkata

²Avantika Modi

Student, BA. Applied Psychology, Amity University Kolkata

Abstract- Aggression refers to actions aimed at physically or psychologically harming others. Coping potentially refers to the way of dealing with the stress after the onset of the stressor. The current study aims to determine the correlation between Aggression and Coping Styles among young adults. 128 participants were taken for the conduction of the study which included 61 males and 65 females. The Buss – Perry Aggression Questionnaire, Buss & Perry (1992) was implemented to measure the level of aggression. To understand the coping styles and individual coping skills, Coping Scale (Hamby et. al. 2013) was used to Snowball sampling method was used to collect the data. The two scales were combined into a Google Form to collect the responses online for ease of the participants. The correlation between the two variables was 0.216 which determined a low correlation between the two variables. The study therefore implies aggression has a positive impact on the individuals' physical and mental health and on the other hand coping helps in reducing aggressive behaviors, however it requires further research in this domain.

Key words: Aggression, Coping strategies, Early Adulthood, Correlational study.

INTRODUCTION

Aggression is a serious phenomenon of insensitive behavior by which students have a direct intention to cause harm to others and has the most vigorous effects for both. Aggression refers to actions aimed at physically or psychologically harming others. It can be differentiated from frustration as frustration is aimed at overcoming the target, but not necessarily by damage or destruction APA (2007).

According to Colman (2003) aggression is the behavior of an individual that solely has one motive which is to injure others physically or psychologically. Myers (2005) defined aggression to be a kind of physical or verbal behavior which is intended to hurt someone. Aggression as behavior, defined by social psychologists refers to the harm intended on another individual who does not wish to be harm Baron & Richardson (1994). It is believed so as it involves the perception of intent, as on side what a behavior can be looked aggression might not be the case from the side, and the same behavior which is harmful may or may not be aggressive depending on its intent.

On the basis of immediate circumstances and purpose that may stimulate aggressive behavior, aggression can be divided into three types. The three aggression types can be classified as reactive-expressive like verbal and physical aggression, proactive-relational aggression which refers to aggression that can break interpersonal relationships and reactive-inexpressive (e.g., hostility). Yamasaki et. al. (2009).

Aggression is characterized mainly into four types: Physical, verbal, hostility, and anger. Firstly, physical aggression as the term suggests, is demonstrated by physical harm like raising a tightened fist, hitting a wall, getting into a physical fight etc. Secondly, verbal aggression refers to vocally engaging in shouting, insulting, teasing, passing sarcastic comments and taunting others. Thirdly, anger is a feeling of being mistreated and threatened by others or the situation itself. It can be caused by various situations like losing a match, jealousy or due to any improper behavior by someone. Anger can lead to violence or verbal and physical aggression. Lastly, hostile aggression or hostility refers to any action that might be caused or reinforced by anger and the main aim of hostility is to cause injury or harm to others. The individual and his actions, either defensive or offensive, determine whether they are aggressive or non – aggressive. Brown and Tedeschi, (1976). The type or level of intent that underlies an aggressive behavior differentiates aggression into two fundamental types of aggression, which are caused by very different psychological processes. On one hand, Emotional or impulsive aggression in which aggression occurs primarily by impulsive emotions with only a small amount of forethought or intent. It can also be a result of the negative emotions that are experienced by an individual which causes aggression and does not intend to cause any outcomes which are positive. On the other hand, cognitive aggression (also called instrumental aggression) is that which is intentional and planned. Instrumental aggression is very cold and calculated by individuals as it is cognitively planned. It is aimed at hurting someone in order to gain or

achieve something such as attention, monetary reward, or political power, for instance. It is believed that if the aggressor can use an easier way to obtain the goal, the aggression would probably not occur.

Previous research has shown that physical aggression can be affected by many factors, such as gender alcohol use, exposure to violent media etc. The causes of aggression can be divided into Biological, psychological, and socioeconomic factors. Biological causes of aggression include neurotransmitters, hormonal glands generating hormones, genetics, substances of abuse, medical problems and psychiatric diseases, and medications. Psychological causes are a part of numerous diagnoses under Diagnostic and Statistical Manual of Mental Disorders (DSM-5). These include schizophrenia, general anxiety disorder, major depression, bipolar affective disorder, and antisocial personality. Socioeconomic causes include interpersonal factors, social or group, economic, and cultural conditions or states that can create the potential for violence or cause actual violence. Importantly, these factors often act concomitantly. Several theories have been developed in order to integrate these factors and explain their association with each other.

One of the theories was proposed by Finke (2014) called the I3 theory, which is a model which is aimed at explaining aggressive behavior, taking into consideration many of the known factors that were associated with aggressive behavior. According to this theory, the commission of aggressive behavior is often determined by the interactions among instigating trigger, impelling forces, and inhibiting force. Instigating trigger is defined as situational events or circumstances with the potential to lower the brink of carrying out aggressive acts. Instigating factors have the potential to increase the likelihood of aggression. Impelling force refers to personality traits or dispositional factors that might increase the likelihood of aggression, particularly when individuals with these traits are confronted with instigating triggers. Finally, inhibiting force is that which overrides an aggressive urge. Instigating trigger and impelling force together have the ability to heighten an aggressive impulse. Inhibiting force, on the opposite hand, would determine the edge above which aggressive impulses would change into actual aggressive behaviors.

Individual components within the I3 theory have indeed been found to be related to aggressive behavior in previous research. for instance, instigating triggers, like provocation, social rejection, and unpleasant temperature, are found to be associated with higher incidents of aggressive behavior and increased aggression. Driving force, like high impulsivity and trait aggressiveness is also a predictor of aggressive behavior. Finally, inhibiting force, like high self-control and better executive functioning are found to be inversely related to incidents of aggressive behavior. Instigating trigger and impelling force together would reinforce an aggressive impulse. Inhibiting force, on the opposite hand, would determine the threshold above which aggressive impulses would transform into actual aggressive behaviors.

Individual components within the I3 theories have indeed been found to be related to aggressive behavior in previous research. for instance, instigating triggers, like provocation, social rejection, and unpleasant temperature, are found to be associated with higher incidents of aggressive behavior and increased aggression. Driving forces like high impulsivity and trait aggressiveness were also found to be a predictor of aggressive behavior. Finally, inhibiting force, like high self-control and better executive functioning are found to be inversely related to incidents of aggressive behavior.

Miller et. al. (1941) proposed the 'Frustration-Aggression Hypothesis' which stated that 'aggression is one of the responses produced or instigated by frustration'. In this view, aggression isn't the sole but a possible response to frustration. The chances of an aggressive behavior turning into negative response depends on the influence of additional variables within the individual or the environment. Fear of punishment for overt aggression or unavailability of frustrate are factors that inhibit aggression. However, frustration that fails to be expressed in the form of aggressive retribution against the original source is often 'displaced', i.e., directed at an innocent target person who is more easily accessible or less threatening.

Aggression has various physiological and psychological symptoms like Agitation, Argumentativeness, delusions, depression, mood swings etc. Depression that might affect the individual and also the interpersonal relationships associated with him.

Aggressive behaviors can cause problems like academic, employment, economic, legal and relationship problems. Actions associated to this might result in incarceration or hospitalization. The success of rehabilitation and treatment depends on the underlying explanation for the aggression. However, a person who behaves in a chronically aggressive manner is also likely to experience a variation of negative effects and penalties themselves affecting them and also others around. Some of these effects include family conflicts, marital problems, physical injuries, psychological problems leading to mental disorders, isolation, financial instability, addiction etc.

Coping is referred to as the use of both behavioral and cognitive techniques in order to meet the demands called by the situation when they are appraised as mentally or physically demanding or exceeds the limit of one's resources or tend to reduce negative affect and conflict caused as a result of stress APA (2007).

Coping is an individual's response to a stressor which is psychological in nature, related to a negative situation or event. Coping potentially refers to the way of dealing with the stress after the onset of the stressor. However, some individuals may use other proactive strategies of coping in order to prevent or eliminate the stressors even before they are presented. Personality traits, social context along with the nature of the stressor determine one's personal choice in using coping strategies.

It is further understood as a process that involves the function of psychological, conscious energy when dealing with life problems. The strategies or mechanisms used to cope with stress often alleviate the amount of stress which is experienced by the individuals.

Coping mechanisms can be of three types: (a) Appraisal-Focused- This type of coping style affects the thought, which is linked with the stressor, (b) Problem-Focused- This type of coping style affects the stressor itself and (c) Emotion-Focused- This type of coping style affects the emotions which are associated with the stressor.

Coping strategies can be both positive (adaptive) and negative (maladaptive) in nature. Adaptive strategies reduce the amount of stress which is experienced or perceived by the individual whereas maladaptive techniques alleviate the symptoms caused as a result of stress without addressing the underlying problem.

Lazarus and Folkman (1984) have identified two main categories of coping styles adopted by individuals even though people may use other ways of coping. These are: (a) Problem- Focus Coping Styles: Individuals using this type of coping style tend to aim at dealing with source from where the problem has risen. They address the problem and change it often by looking for more information on the problem, thereby learning new ways of management. Within this category, taking control, evaluation of negatives and positives in the situation and seeking information are identified.

(b) Emotion- Focus Coping Styles: Individuals using this type of coping style manage the affective or emotional responses to stressful events. This type of coping style aims to decrease the unpleasant feeling of stress which is associated with the stressor. It guides away or helps to accept and manage the responses to the stressor in an emotional manner when the situation cannot be changed or controlled.

Both avoidance-coping mechanisms and positive reappraisal techniques are used within this type of coping style. However, positive reappraisal is preferable as it is a way of dealing with the stressful situation in the long run. On the other hand, using avoidance-coping mechanisms over time may become harmful for the individual.

Carver and Connor-Smith (2010) proposed the third classification of coping styles which included the appraisal-focus coping style. This type of coping style helps to challenge the perception of the individual on the specific stressor using cognitive re-evaluation. An individual's thoughts get challenged and using the process of re-appraisal, the thoughts get constructed again and enter into a positive frame. This process is also referred to as Cognitive Behavioral Therapy or CBT (Beck, 1979). Individuals use a number of coping strategies in accordance with the context and the stressor involved. However, in case of continual presence of the negative impact of the stressor, it is often the individual's inability to take on a significant coping strategy for that situation. They may also lack the ability to implement positive re-evaluation or cognitive restructuring methods for their perceived stressors. In such a case, re-framing the situation often acts as a solution.

Aggression and coping are negatively related to each other as suggested by many researchers. It is believed by much research that one of the strongest predictors of anti-social behavior is aggression.

An inability to deal with stress, disappointment, and difficulty can affect your life in many negative ways. Being an adult is often very stressful like physical changes in your body, academic demands, peer pressure, learning a way to deal with gangs, family issues, concerns about your future may become potential factors of stress and might have negative consequences. Learning the way to deal and control your negative emotions and behavior and take responsibility for them may be a lifelong process. When one does not effectively cope with such stress and situations, they might result in some form of aggression, mostly anger, leading to physical or verbal aggression or sometimes hostility.

According to Berkowitz's 'Cognitive Neo-association Theory' (1989, 1990), he proposed that an incident like frustrations, loud noises, and provocation, produces negative effects. Various thoughts, expressive motor reactions, memories, flight, and fight tendencies are produced by unpleasant experiences. Fight associations may produce undeveloped feelings of anger, whereas the flight associations provide a rise to undeveloped feelings of fear. This theory reflects back to the frustration- aggression theory, it's been assumed that signs of aggression have been associated to be in response by triggered events, which can give the opinions, recollections, psychological effects due to the events.

Moreover, successful coping may involve many strategies; problem solving, positive thinking, reasoning, social support, or seeking professional help. People cope differently, what works for one person might not always work best for the opposite, best strategy for somebody else. The method of coping also depends on the circumstances and the environment around the individual. Professional help like counselling, anger management group, and group talk can assist you reduce aggression levels. Effective coping may further help in understanding the circumstances and situation hence reducing the changes of inflicting aggressive behaviors.

LITERATURE REVIEW

Bibi et. al. (2020) conducted a study to examine the relationship between emotional intelligence and aggression and to investigate gender differences for both variables. The sample taken was of 100 University students (50 males and 50 females). The emotional intelligence and so was the aggression level was measured using emotional intelligence scale and aggression scale, respectively. The results for indicator of a negative association present between emotional intelligence and aggression. There was specifically a presence of hostility and anger subscale of aggression. No

significant gender difference was seen for emotional intelligence. For aggression, in the physical aggression subscale male students scored higher as compared to the female students. The results were also indicative of the fact that emotional intelligence could act as a protective factor against some specific aspects of aggression.

A study on African American adolescents examining the utility of emotion-focused, problem-focused, and avoidant coping strategies for reducing delinquency and aggression amidst this uncontrollable stress. 263 black students from sixth, seventh and eighth grade were taken as sample for the research from urban, low-income areas. The result findings showed that using fewer coping strategies (problem-focused, emotion-focused, and avoidant coping) was detrimental for the girls and increased delinquency and violent behavior on their part. However, contrary results were seen in the case of boys. They need more support for their coping efforts. It was seen that handling violence and delinquency behavior and the effect of use of coping was different for both boys and girls (DiClemente and Richards, 2019).

Rong & Yunqiang (2019) conducted a study to examine the mediation effect of violent video games and family environment on adolescent's aggression. The participants of the study were given self-reported measures for the survey to assess the exposure to video games, family environment, and aggressive behavior. The findings indicated that there existed a positive correlation between aggression and violent video games in adolescents. The family environment of the individuals affected the aggression of the adolescents. It indicated that for individuals who have a good family environment, violent video games have a direct effect on aggression. On the other hand, individuals who have a poor family environment, aggression had a direct and indirect effect by violent video games.

Morales & Rodríguez and Pérzel & Mármol (2019) conducted a cross-sectional study with the objective of analyzing and interpreting the relationship between levels of self-efficacy and anxiety, emotional intelligence (EI) and coping strategies among the students at Spanish university. Descriptive, bivariate, and multivariate regression analyses were performed on 258 University students. The Bivariate analysis showed an inverse correlation between self-efficacy and state anxiety and trait anxiety. However, direct association was found between self-efficacy and the coping strategies related to solving problems, expressing emotions, cognitive restructuring, withdrawal experienced in social situations and coping with a situation along with EI dimensions of emotional clarity and mood repair. Multivariate regression analysis however showed that trait anxiety, solving problems, expressing emotions, clarity of emotions and withdrawal from social situations were significantly related to the dependent variable on general perceived self-efficacy level. Therefore, this paper contributed to the understanding of the related factors of general perceived self-efficacy among undergraduate students.

Ganesan (2018) studied the relationship between stress and coping strategies among 86 University students through quantitative analysis in the form of a cross-sectional: non-probability sampling method. The data was collected using the Perceived Stress Scale (PSS) and the Adolescent Coping Scale (ACS) to measure stress and coping strategies, respectively. The results indicated that the majority of the university students experienced moderate levels of stress. There was a significant inverse relationship observed between stress levels and coping strategies of the undergraduate students. Therefore, it was observed that some levels of stress were good (eustress) which is the right kind of stress that encourages individuals towards growth and change. However, when students are unable to cope with stress, they underwent negative stress (distress). To prevent students from undergoing distress, it was recommended that they should take part in extracurricular activities.

Shin (2017) conducted a study investigating the selection of friends and influence of early adolescence in regards to the physical aggression and prosocial behavior, and popularity and social preferences among the fifth and sixth graders. The sample consisted of 736 elementary school students from South Korea (52% of the girls were at wave 1 and 52% of other girls were at wave 2).

The results indicated that youth selected friends with similar levels of physical aggression and popularity it was also found that their friends influence their own physical aggression and popularity with time. The higher youth preferred socially active peers in comparison to physically aggressive people as their friends. Boys on the other hand selected highly popular peers in comparison to girls and they also influenced physical aggression and popularity.

Chen (2016) examined the relationship between Subjective Well-Being (SWB), resilience and coping styles among 239 Chinese university students. The study aimed to determine the mediating role of coping styles in understanding the relationship between resilience and SWB and the moderating influence of resilience in predicting SWB from coping styles. Results indicated that resilience and coping styles were essential predictors of SWB, emotion-oriented coping style acted as a significant mediator in the association between negative affect and resilience. Findings also showed that resilience acted as a moderator in the association between task-oriented coping style and life satisfaction. Students whose results indicated lower levels of resilience the task-oriented coping styles were adopted which facilitated their life satisfaction. However, the high resilience lowered the need for adoption of task-oriented coping styles on students' life satisfaction. The implications of positive education for the university students were discussed.

Kozhukhar & Belousova (2016) conducted research that examined the relationship between coping strategies and the different forms of aggression keeping the context of a sociological approach in mind. 63 studying psychology majors were taken with 54 women and 9 men who aged from 19 to 21. The data for the inventory was collected by assessing different kinds of hostility using two inventories: BDHI (Buss Durkee Hostility Inventory) and SACS (The Strategic

Approach to Coping Scale). The research aimed to understand how coping strategies are influenced by aggression and hostility and how the different types of coping strategies of students can predict the manifestation of hostility and aggression. For the analysis of the research, descriptive statistics, correlation, multiple regression, and description were used. Post analysis, the results indicated that students with diverse levels of hostility and indices had significantly different levels of coping strategies. Also, it was seen that the students with different levels of aggression had used similar strategies to cope by seeking instinctive actions as well as social support. However, it was also understood that among the coping strategies assertive actions were not prioritized by most individuals.

Nazir & Mohsin (2013) carried out research to compare people with depression and without depression in regard to coping styles, levels of aggression and interpersonal conflicts. 128 samples from different hospitals in Lahore were equally distributed into two groups. The groups were matched on the basis of age, gender, monthly income, and education. For the distinction between the depressed and non-depressed people, the Symptom Checklist – R was used. The questionnaires used for analysis were: The Brief COPE, the Aggression Questionnaire, and the Bergen Social Relationship Scale. Descriptive statistics and independent t – test were used to compare the scores. The results indicated that the people with depressive symptoms had significantly more levels of aggression and interpersonal conflict than the other group. It was also shown that the control group was seen to use more adaptive coping styles than people with depressive symptoms. However, no difference was seen in the case of using maladaptive coping styles. It was concluded that all these variables, namely, coping styles, aggression and interpersonal conflict play significant roles as causes of depression.

Boxer et. al. (2012) conducted a study to compare the coping styles with violence and stress. They carried out the study to understand the comparison between the negative coping with stress in general and in particular the negative coping with violence in youths and how the coping patterns are related to various health outcomes. The sample data was taken from 131 teenagers ranging in age from 11 to 14. These samples were taken from an economically distressed metropolitan area of the northeast. The results after analysis showed that there existed a significant negative relation between coping with stress and violence and their mental health. However, no relation was established between Problematic outcomes and distancing coping strategies.

Ng et. al. (2012) conducted a study to examine the relationship between psychopathology (anxiety, depression, anger, and aggression) and coping (approach and avoidance) and the mediational role of resilience (positive thinking, tenacity and help-seeking). The study included 719 adolescents within the age range of 14 and 15. Mediation analysis was done for the research using Structural Equation Modeling. Results indicated that resilience factors mediated the approach coping–psychopathology relationship but not the avoidance coping–psychopathology relationship. In specific, factors like positivity and tenacity mediated the approach coping-psychopathology internalizing link. Factor of help-seeking mediated both approach and approach coping–externalizing behavior and coping– internalizing disorders. Concluding the results, we can say that a decrease in internalizing (anxiety and depression) and externalizing (anger and aggression) conditions can be seen through approach coping works via resilience processes.

Csibi (2011) aimed at identifying the possible sources of aggressively, such as modalities of coping and self-appreciation used by late adolescents. The analysis of this research included self-image, coping modalities, gender, and social variables such as class and differences of support. The research used three scales for the analysis namely, Anger Expression Scale, Rosenberg Self-esteem Scale and Ways of Coping Scale. 447 students from the 11th and 12th grade with an age range of 17 to 20 years old were taken as samples for the study. Statistical analysis showed that there existed a significant association between level of aggressive expression, self – appreciation and coping modalities. The gender of the subjects also indicated the differences in the inward and outward orientation of aggression. The results showed that self-appreciation is more positive among the male gender and also show positive relations with expression of aggression and coping modalities. Suppressed anger and self-appreciation are positively associated. Evidence from the research also showed that avoidant coping strategies were associated with inwardly expressed anger and outwardly expressed anger was associated with painful problem solving, self-controlling and distancing.

Karimzade & Besharat (2011) conducted correlational research to examine the relationship between coping styles with stress and personality dimensions. 300 students were given the NEO-FFI personality inventory and the Tehran Coping Styles Scale in order to assess and analyze the variables i.e., five personality factors (openness, conscientiousness, extraversion, agreeableness, and neuroticism) and three coping strategies (positive emotional-focused, problem-focused and negative emotional-focused). The result findings showed that in the case of female students, neuroticism was positively associated with negative emotional-focused coping style and was negatively associated with positive emotional-focused coping style. In the case of male students, Neuroticism was positively correlated with negative emotional-focused coping styles. In case for extraversion, both in male and female students, it was positively associated with positive emotional-focused and problem-focused coping style. In case of openness, it was seen that with female students, it was positively associated with problem- focused coping styles. Agreeableness was seen to be negatively associated with emotional-focused coping style in case of both male and female students. However, in case of males it was positively associated with problem-focused and positive emotional- focused coping styles and in case of females it was positively correlated with problem- focused coping style. In the case of conscientiousness for males and female

students, it was positively associated with problem-focused coping style and negatively associated with negative emotional-focused coping style.

Hunag et. al. (2011) conducted a study to determine the associations between alcohol use and interpersonal aggression from early to late adolescence. 808 males and females from the Seattle Social Development Project were chosen as participants using the Nested structural equation Model. Stability effects and cross-sectional correlations were controlled variables. The study then examined the impact of alcohol use to interpersonal aggression and vice versa using the cross-lagged model. A reciprocal effect of interpersonal aggression and alcohol was observed among late adolescent participants. Sex of the subject did not moderate the observed relationships. On controlling risk factors for alcohol use and interpersonal aggression, the relationships were not weakened. Although the results suggested that reducing one behavior would not have a long-term effect on the other, early prevention would help to reduce risk factors.

Ben-Zur (2009) conducted a study to determine the effects of coping styles on the affective components of subjective well-being. The study aimed to test differential associations with respect to coping styles and affect (positive and negative) using secondary analysis. 480 participants including the general population, university students and adolescents completed questionnaires on the trait version of coping and affect. The results were based on correlation and multiple regression analyses. This showed that problem-focused coping was positively correlated with positive affect. Problem-solving coping was negatively correlated to negative affect. However, avoidance coping showed the opposite correlation pattern with affect (both positive and negative). Moreover, problem-focused coping acted as a moderator of avoidance coping effects on both types of affects. This, it was concluded that coping was an important factor in well-being during day-to-day life events and the interactive effects of coping styles facilitated further research in this field.

Marsee et. al. (2008) conducted a study to examine the association between the dimensions of aggression and anxiety disorder, in an ethnically diverse group of youth of 86 people (43% of which were women). Research provides evidence for the existence of four aggressive sub types including reactive overt, reactive relational, proactive overt, and proactive relational. Previous research has also found relational aggression and anxiety to be associated with each other. It also found an association between reactive aggression and anxiety. In the current study, it was found that gender plays an important role in moderating aggression's relation with anxiety. For males with anxiety, it was found that they have more relational aggression than males and girls with low level of anxiety.

Kabir (2008) conducted a study to investigate family relations, depression, and aggressive behavior of college students. The sample consisted of 1450 students of 15 to 17 years, out of which 920 were males and 530 were females, from 20 colleges of Dhaka city. Data was collected using The Family Relation Scale, Depression Measure Scale and Aggressive Behavior Scale. The findings indicated that there existed a negative correlation of depression with affection-negligence, supervision, parental relation, and mental illness/illegal involvement. There also existed a negative correlation of aggressive behavior affection-negligence, supervision, parental relation and mental illness/illegal involvement, respectively. However there existed a positive correlation between depression and aggressive behavior. Another important finding was that the female students were more depressive and aggressive than their male counterparts. The students studied from English medium had higher levels of depression and aggression than students studied from Bengali medium.

Bagner et. al. (2007) conducted a study that examined the relationship between romantic relational aggression, depressive symptoms, social anxiety, loneliness, and drug and alcohol symptoms. The sample consisted of 215 undergraduate college students. The study found no gender differences in the area of romantic relation aggression. The results were also indicative of the factor that there existed a positive relationship of romantic relational aggression with social anxiety (for women only), loneliness, depressive symptoms, and alcohol use and drug use.

Remillard et. al. (2005) designed the study to examine the coping strategies for relation aggression in female adolescents. A sample of 98 females were taken for the study from middle and high school. The individuals were given the Revised Ways of Coping Scale for the collection of data for further analysis. The results showed that there existed a relationship between the relation aggressive act and the method coping. The results also indicated that avoidant and passive aggression of the girls was directly proportional to the level of distress and hurt caused to them. Close relations to peers showed coping through social support.

Smits & Kuppens (2005) conducted a couple of studies. The first study aimed at finding the relation between expression and experience of anger and the Behavioral Inhibition System (BIS)/Behavioral Approach System (BAS). Data was collected using self-report measures. The findings of the first study showed that BIS and BAS were both positively associated with trait anger which were based on contextual anger responses. The second study focused on the study of relationship between anger expression, coping styles and the BIS/BAS. The findings indicated that measures of anger-out were found to be negative to a measure of BIS and positively related to a measure of BAS and, whereas the opposite pattern of associations was found for anger-in. Also, conforming to an anger-out coping style, both verbal and physical aggression were found to be positively related to BAS, and negatively to BIS.

Wolfradt (2003) conducted a study to investigate the relationship between depersonalization, anxiety and coping behaviour and parenting styles in high school students. A sample of 276 students was used for study which reflected in

the results that depersonalization and trait anxiety were in positive correlation with parental psychological pressure. Perceived parental warmth was negatively correlated with trait anxiety and positively associated with active coping in the students. A cluster analysis predicted four types of parenting styles namely authoritarian, authoritative, permissive and indifferent. Authoritarian parenting style showed significant scores on depersonalization and anxiety. High scores on active problem coping were shown by authoritative and permissive style of both parents.

Steiner (2002) studied the relationship between coping and health outcomes using 1769 nonclinical samples who were high school student's thereby using one class period to determine the relationship between health problems, health risk behaviors and coping mechanisms. The Juvenile Wellness and Health Survey and the Coping Response Inventory – Youth form (abbreviated version) were distributed among the participants. ANCOVA was used to test the impact of coping type, gender, and their interaction on the five health domains. Findings reported consistency with previous researches and indicated that approach oriented coping mechanism was negatively correlated with health problem indicators and health risk behaviors. However, the same was positively correlated with these domains. Furthermore, the existence of both types of coping mitigated the negative impact of avoidance coping. Coping styles were observed to be associated with significant health outcomes especially during mid- adolescence. Habitual coping styles were also seen as reliable indicators to determine potential health problems. Win Stanley & Whittington (2002) conducted a study to compare the coping style, anxiety and burnout according to the frequency of aggressive experiences. A sample of 374 healthcare staff were taken from many professions for the study. The State-Trait Anxiety Inventory, the Maslach Burnout Inventory and the Coping Responses Inventory were used in the research to find out the frequency and type of aggression in the course of the year. The findings showed that there were no significant changes in anxiety or the coping styles of the individuals. However, significant change was seen in the level of burnout. The study portrayed that aggressive situations and experiences increased the level of burnout and vice versa. Igor & Nada (2001) conducted a study to examine the relationship between personality traits, coping styles and stressful life events. 265 students with the age range of 11 to 14 years were taken as the samples. EPQ, a scale of subject stress and a coping scale was used to measure the variables. Path analysis was used to find the relationship and direct and indirect effects of three coping styles (problem- focused coping, emotion-focused coping and avoidance coping), frequency and perceived intensity of stressful life events and personality traits. The results showed that problem and emotion-focused coping style had a direct effect of extraversion while avoidance coping style was positively affected by neuroticism and psychoticism. Subjective stress, on the other hand, has a positive significant effect on all three coping styles. And the greatest independent effect was seen on avoidance coping.

Anderson et. al. (2000) in their article focused on the relationship between temperature and aggression. It was hypothesized that hot temperature and aggression have a positive correlation. They mentioned that triangulation and meta-analysis were two epistemological strategies that showed effects of temperature on aggression. According to them, there is a third strategy, the aggression hypothesis and parsimony. This theory states that hot temperature results in increased chances of aggressive motivation and under the right situation and circumstances it resulted in increased aggressive behaviour. Furthermore, it was proved that under hot temperatures, individuals tend to have signs of increased aggressive behaviour, loss of alertness and energy and increased feelings of anger and hostility. On the other hand, cold temperatures tend to have opposite signs.

Diong & Bishop (1999) examined the role of anger expression while experiencing stress, coping with stress and physical and psychological well- being. A sample of 268 individuals were taken from Singapore for the study. The results of the study indicated that anger expression was significantly related to stress, coping with stress and physical and psychological well- being. It was noted that higher levels of anger expression were significantly associated with higher levels of stress and the decrease in the use of active coping. Active coping was directly proportional to psychological well-being. Furthermore, higher levels of stress and anger expression were negatively correlated with psychological well-being.

Harris et. al. (1996) conducted a couple of studies to determine how gender and ethnicity influence perceptions, evaluation and stereotyping of aggression. The study was conducted on a total of 194 students from military basis with 115 students in one study and 79 in the other. The individuals were asked to respond to four scenarios that portrayed aggressive interactions between individuals where the protagonists in the cases differed on the basis of gender, giving them 25 separate incidents in total. The studies indicated that target, aggressor and respondent all affected perceptions of aggression and likelihood of aggressive behavior's. Also, it was seen that aggression towards a female from a male particularly were evaluated negatively. Educational qualification and age were both negatively correlated to tolerance for aggression.

McCormick & Smith (1995) conducted a study on a sample of 3,367 substance abusers to measure the level of aggression and hostility. The Buss-Durkee Hostility Inventory and the NEO Personality Inventory Hostility Scale were used in the research. The research findings show that polysubstance abusers scored higher on the level of aggression and hostility regardless of abusing cocaine or not. It was also seen that individuals who scored higher on levels of aggression and hostility chose escape- avoidance, confrontational and distancing coping styles often. They reported more situations which acted as trigger for the abuse of the substance and were not confident to avoid it in future.

Kotler et. al. (1993) conducted a research on 46 suicidal psychiatric inpatients and 44 non- suicidal psychiatric inpatients and compared them in relation with social support, suicide risk, violence risk, feelings of anger, impulsivity, and eight coping styles. The groups were chosen on the basis of similar demographic variables. The suicidal patients were high on the violence risk scale, the impulsivity scale, suicide risk scale and feelings of anger. The results reflected that suicidal patients were less likely to use coping style's to reduce the issues in life and deal effectively. Also, a negative correlation was found between suicide risk and violence risk and social support. Out of eight coping styles, three of them were found to be negatively correlated with violence risk.

Feshbach et. al. (1971) conducted a study to understand and examine the relationship between television and aggression. The study was conducted on adolescent and pre- adolescent boys for a period of six weeks in natural setting. A sample of 625 boys were taken and exposed to television content that was dominantly or pre-dominantly aggressive. Pre-tests and post-tests were done on the individuals and the level of aggression was measured in the form of a rating scale and the ratings were provided by the supervisor or parents. The experimental results suggested that exposure to aggressive content did not have any effect on the aggressive behaviors of the boys and in some cases showed the reduction of aggression. The previous research findings portray how aggression affects the physical and psychological health of the individuals and how it might be affected by the factors like gender, temperature, ethnicity etc. In case of coping, the findings show how different factors like health, age and gender might affect the level of coping and the selection of coping strategies by the individuals.

The present study is conducted to determine the association between Aggression and Coping Styles among Adolescents and Early Adulthood. It aims to determine how the levels of aggression might affect the coping styles and strategies used by individuals and also how coping reduces the level of aggression and stress. The samples of the study are taken from the Indian population due to lack of research using these variables in the Indian culture. Moreover, the samples are taken from the Adolescence and Early Adulthood years of their life as previous research mainly focused on adults, geriatric population and medical patients.

METHODOLOGY

OBJECTIVES

1. To assess the association between Aggression and Coping Styles on Early Adulthood.
2. To assess the gender difference with respect to males and females in Aggression on Early Adulthood.
3. To assess the gender difference with respect to males and females in Coping Styles on Early Adulthood.

HYPOTHESES

Null Hypothesis (H_0) states that there is no significant difference in Aggression in respect to males and females on Early Adulthood.

Alternate Hypothesis (H_1) states that there is significant difference in Aggression in respect to males and females on Early Adulthood.

Null Hypothesis (H_0) states that there is no significant difference in Coping Styles in respect to males and females on Early Adulthood.

Alternate Hypothesis (H_1) states that there is significant difference in Coping Styles in respect to males and females on Early Adulthood.

SAMPLE

The sample for the research study comprised of 128 individuals with the inclusion criteria of the age range between 15 to 25 years and both males and females were considered. The sampling method chosen for sample collection was the Snowball sampling method. There was a fair representation of data as the samples were equally distributed among males and females. The samples were taken from different cultures and educational qualifications which show the diversity of the data. The geriatric population and the children were excluded from the sample size as there has been various researches considering these fields and the online method of data collection is preferred more by young adulthood.

DESCRIPTION OF THE TOOLS

In the present study, one scale is used for the measurement of aggression and coping styles, respectively.

The Buss–Perry Aggression Questionnaire

The Buss–Perry Aggression Questionnaire (BP-AQ) is developed by Arnold H. Buss and Mark Perry (1992), to measure the level of aggression among individuals. It is also called the Aggression Questionnaire (AQ). There are 29 items in the scale that are used as a brief screen to identify levels of aggression. The scale consists of 4 subscales: Physical Aggression, Verbal Aggression, Anger and Hostility. The items are rated on a 5 – point scale to measure the different factors. The responses range from 'extremely uncharacteristic of me' to 'highly characteristic of me' and the

respondents are asked to choose the alternative describing the best of them. The items were yielded up to a maximum of 145 and a minimum of 29 for each respondent. Higher score on the questionnaire shows higher level of aggression in the individuals and vice – versa. The total combine's scores of all the subscales of the questionnaire evaluates aggressive behaviors and the manifestations of aggression. The test reliability of the questionnaire was 0.78. Also, the weak correlation of factors with each other, the high correlation reliability and validity of the questionnaire.

Scoring:

The questionnaire was divided into 4 subscales: Physical Aggression included items 1 to 9, Verbal Aggression included items 10 to 14, Anger included items 15 to 21, and Hostility included items 22 to 29. All the statements were scored on a 5 – scale with the alternatives ranging from 'extremely uncharacteristic of me' to 'highly characteristic of me'. The option of 'extremely uncharacteristic of me' is given the score of 1, 'somewhat uncharacteristic of me' is give the score of 2, 'neither uncharacteristic nor characteristic of me' is given the score of 3, 'somewhat characteristic of me' is given the score of 4 and 'extremely characteristic of me' is given the score of 5. However, the scores are revered for item 9 and 16. The total score of the questionnaire indicates the level of aggression. Higher scores indicate higher level of aggression.

The Coping Scale

The Coping Scale is developed by Sherry Hamby, John H. Grych and Victoria Banyard (2013) which aims to assess the emotional, cognitive and behavioral methods in dealing with problems. The coping scale contains 13 items which includes cognitive and emotional approaches to deal with the problematic situations. A 4 – point scale was used to answer the statements and the scores were calculated accordingly.

The items were yielded up to a maximum of 52 and a minimum of 13 for each respondent. Higher score on the questionnaire shows higher level of coping in the individuals and vice – versa.

Scoring: The questionnaire consists of 13 items. A 4 – point scale is used to score the statements. The alternative 'Mostly true about me' was given the score of 4, 'Somewhat true about me' was given the score of 3, 'A little true about me' was given the score of 2 and 'Not true about me' was given the score of 1. The sum of the scores of the questionnaire portrays the level of coping of the respondent.

Measuring the scores of the variables individually, they were then analyzed and combined to test the hypothesis.

PROCEDURE

- The title of the study was chosen. The introduction and literature review were done by studying variables thoroughly.
- The sample for the study was chosen to be adolescents and early adults.
- For the survey one questionnaire was taken to measure each variable. The Buss – Perry Aggression Questionnaire Buss & Perry (1992) was used to measure the level of aggression and the Coping Scale Hamby et. al.(2013) was used to measure the coping skills of the individuals. Both these questionnaires were recreated into a Google Form and were distributed to the participants online.
- The Snowball sampling method was used to gather data as it helped in collecting the data online. The questionnaires were distributed to a few individuals, and they were then asked to further distribute the questionnaire to others who confirmed to the research inclusion criteria.
- The number of males and females were equally taken in order to have a fair representation of the data. A total of 150 respondents were taken for the research.
- The responses were gathered, and the data was organized using a spreadsheet and were computed statistically using Mean and Standard Deviation. Correlation was drawn among the variables using the Pearson's Product Moment Correlation Coefficient.
- The results were further analyzed, and interpretation was drawn Limitations were stated, implications and the future scopes of the study were written along with conclusion and references and the tools used were presented in the appendix portion of the stud

RESULT ANALYSES

The statistical analyses done for the research were Mean and Standard Deviation. The mean helps to find the average score of the data that has been collected. The standard deviation is used to measure how are the scores spread out from the average (mean) or expected value. The Pearson Product Moment Correlation Coefficient is used to measure the correlation between the two variables. It is a measure of the strength and direction of association that exists between two variables. Also, the 2 tailed test is used to compare both the variables and is used to check whether the variables vary by sex or not.

Table 1: DEMOGRAPHIC DETAILS

| SEX | NUMBER OF PARTICIPANTS |
|---------|------------------------|
| Males | 61 |
| Females | 67 |

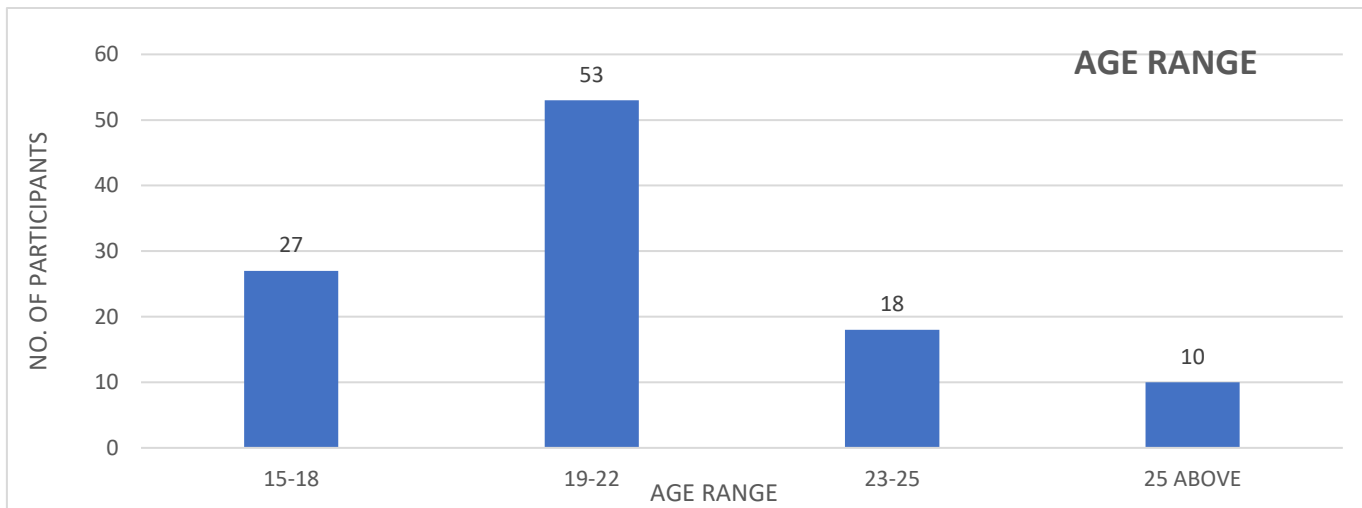


Fig 1.1- Graphical representation of the age range

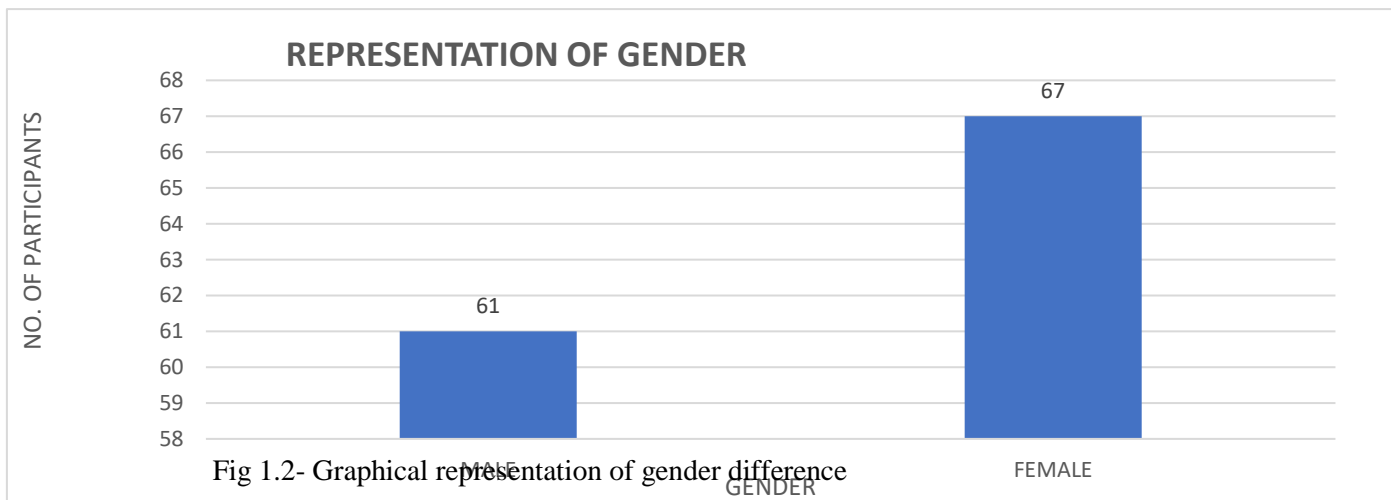


Fig 1.2- Graphical representation of gender difference

Table 2.1: DESCRIPTIVE ANALYSIS

| Variables | No. of Participants | Mean | Standard Deviation |
|---------------|---------------------|-------|--------------------|
| Aggression | 128 | 92.33 | 1.265 |
| Coping Styles | 128 | 35.86 | 0.987 |

Table 2.2: Descriptive analysis of both variables in respect to Males

| Variables | No. of Participants | Mean | Standard Deviation | Correlation |
|---------------|---------------------|-------|--------------------|-------------|
| Aggression | 61 | 91.92 | 1.265 | 0.18 |
| Coping Styles | 61 | 36.23 | 0.994 | 0.18 |

Table 2.3: Descriptive analysis of both variables on respect to Females

| Variables | No. of Participants | Mean | Standard Deviation | Correlation |
|---------------|---------------------|-------|--------------------|-------------|
| Aggression | 67 | 92.7 | 1.265 | 0.25 |
| Coping Styles | 67 | 35.52 | 0.982 | 0.25 |

Table 3: Correlation between Aggression and Coping Styles

| Variables | No. of Participants | Correlation |
|---------------|---------------------|-------------|
| Aggression | 128 | 0.215 |
| Coping Styles | 128 | 0.215 |

Table 4: T-test Results for Aggression and Coping Styles

| | Variable 1 (Males) | Variable 2 (Females) |
|--------------------------------|--------------------|----------------------|
| Mean | 91.92 | 92.7 |
| Variance | 1.6129 | 1.6129 |
| Observation | 61 | 67 |
| Hypothesized Mean Diff. | 0.78 | 0.78 |
| d.f | 126 | |
| t stat | 2.73 | |
| P(T<=t) one-tail | 0.1 | |
| t critical one-tail | 1.66 | |

| | | |
|----------------------------|-------------|--|
| P(T<=t) two-tail | 0.05 | |
| t critical two-tail | 1.98 | |

Table 4.1: t-test Two Sample Assuming Unequal Variances (Aggression)

| | Variable 1 (Males) | Variable 2 (Females) |
|--------------------------------|---------------------------|-----------------------------|
| Mean | 36.23 | 35.53 |
| Variance | 0.98 | 0.96 |
| Observation | 61 | 67 |
| Hypothesized Mean Diff. | 0.7 | 0.7 |
| d.f | 126 | |
| t stat | 4.078 | |
| P(T<=t) one-tail | 0.1 | |
| t critical one-tail | 1.66 | |
| P(T<=t) two-tail | 0.05 | |
| t critical two-tail | 1.98 | |

Table 4.2: t-test Two Sample Assuming Unequal Variances (Coping Styles)

Fig 2.1: Graphical representation of both variables in respect to Males

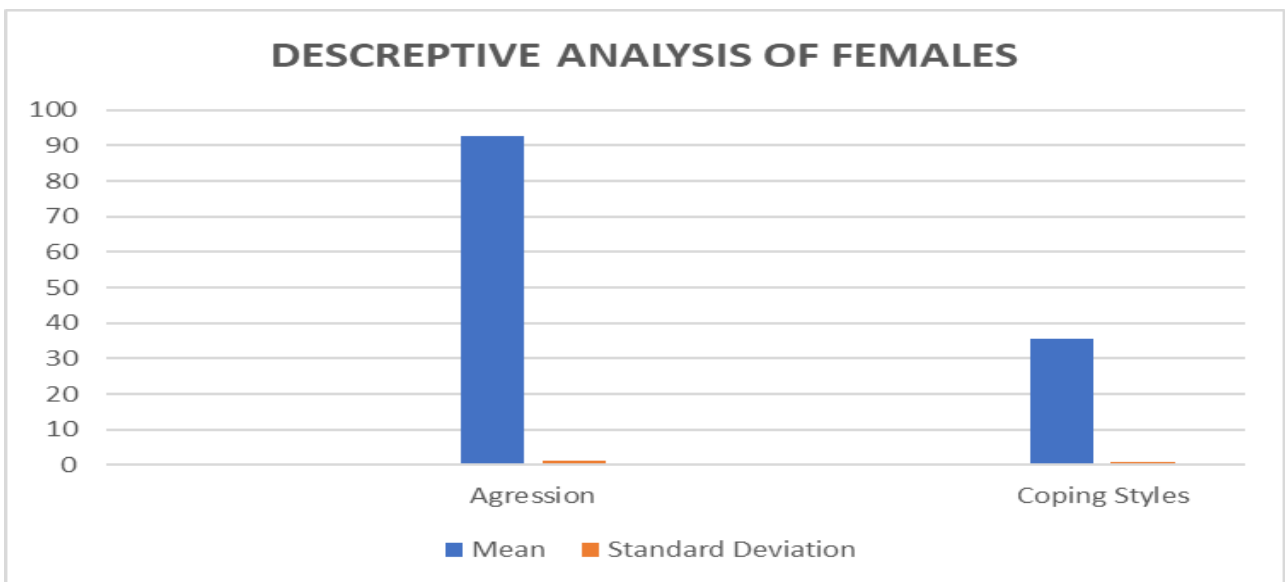
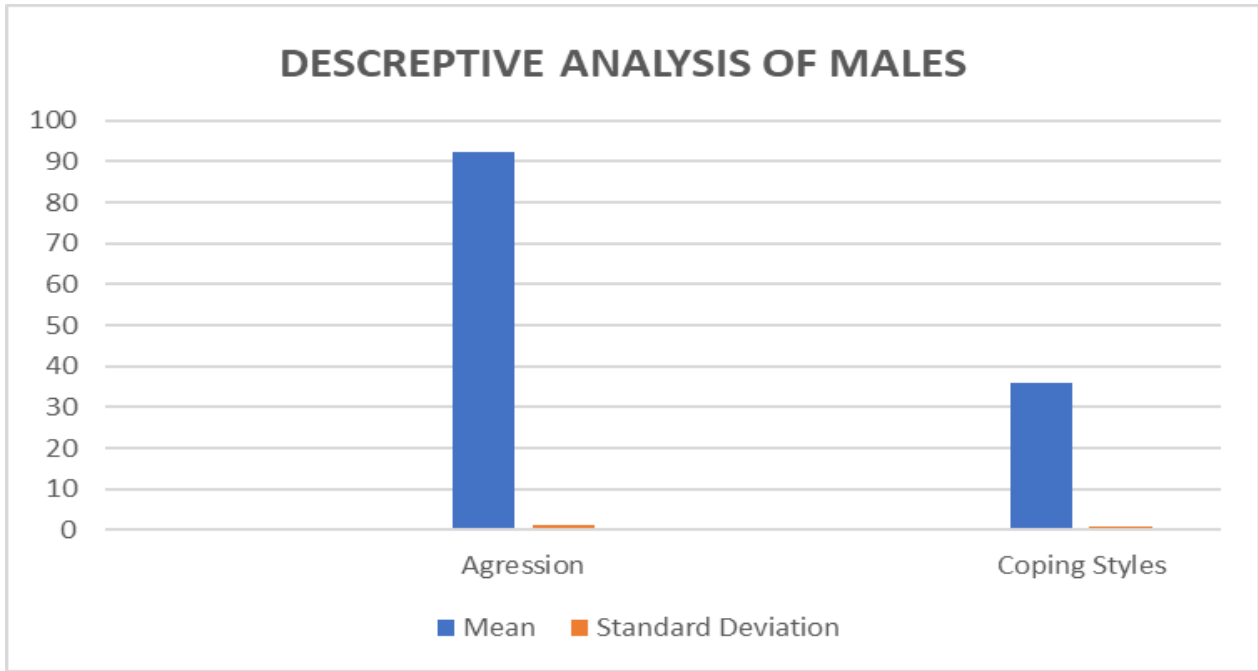


Fig 2.2: Graphical Representation of both variables in respect to Females

DISCUSSION

The variables used in the present study are Aggression and Coping Styles. According to Baron and Richardson (1994), Aggression is defined as the actions or behavior of the individuals which is intended to harm or hurt others but not direct towards self - harm. Aggression can be divided into four categories - Physical Aggression, Verbal Aggression, Anger and Hostility. Coping Styles, on the other hand, are the strategies used by the individuals to deal with a stressful situation and confront it. The coping styles are divided mainly into three types: emotion – oriented, task – oriented and avoidance – oriented.

The study was conducted on a set of 128 individuals with age range of 15 to 21 as shown in Fig. 1.1. There was a fair representation of males and females as shown in Fig. 1.2 and a Google form was created for data collection. The Buss – Perry Aggression Questionnaire Buss & Perry (1992) was used to measure the level of aggression and the Coping Scale Hamby et.al. (2013) was used to measure the coping skills of the individuals. Descriptive analysis and inferential statistics were done to find out the results.

Mean and SD was used for descriptive analysis in the study. In case of Aggression, the value of mean (n=128) was 91.92 and the value of standard deviation (n=128) was 1.27. In case of Coping Styles, the mean value (n=128) was 36.23 and the corresponding standard deviation value (n=128) was 0.99 as shown in Table 2.1. The Pearson’s Product Moment Correlation Coefficient showed that there existed a positive correlation between aggression and coping styles.

The value of correlation (r) was 0.216 ($n=128$) as shown in Table 3 which indicates that there is low correlation between the variables. The df was 126. The null hypothesis (H_0) which states that there is no significant association between aggression and coping styles on early adulthood gets rejected. Therefore, accepting the alternative hypothesis. Kozhukhar & Belousova (2016) conducted a study examining the relationship between Aggressions and coping styles among university students.

The results showed that the level of coping styles and the level of aggressive behavior was inversely related. The level of coping action reduced the level of aggression.

Further dividing the sample population on the basis of males and females, there was almost equal representation of the data as shown in table 1. In case of males, the mean, and the standard deviation values of aggression ($N=61$) were 91.92 and 1.27 respectively. The mean and standard deviation values of coping styles ($N=61$) were 36.23 and 0.99 respectively. The correlation between the two variables with respect to males was represented by the values of $r = 0.18$ which indicates a low correlation between aggression and coping styles in respect to males as shown in table 2.2.

Moving on to females, in respect to aggression ($N=67$), the mean and standard deviation values are 92.70 and 1.27 respectively. The mean and standard deviation values of coping styles ($N=67$) were 35.53 and 0.98 respectively. The correlation value = 0.26 which denoted low correlation between aggression and coping styles with respect to females as shown in table 2.3. To assess the gender difference with respect to males and females in aggression and coping styles, two-tailed test was done with critical value (α) of 0.10 for both the variables. The two-tailed test with unequal variances for aggression ($N=61$) resulted in the value of $p = 0.05$, which indicates $p > 0.10$. This implies that H_0 which states that there is no significant difference in respect to males and females on early adulthood is accepted. Hence, rejecting the alternate hypothesis as shown in table 4.1. On the other hand, the two-tailed test with unequal variances of coping styles ($N=61$) resulted in the value of $p = 0.05$ which indicates $p < 0.05$. This implies that the alternate hypothesis H_1 which states that there is significant difference in coping styles in respect to male and females on early adulthood is accepted. Hence, rejecting null hypothesis H_0 as shown in table 4.2

Laurence et.al (2006) conducted a study on gender difference in coping differences in coping strategies, and its impact on self-esteem and self-attainment. The result of the study shows that the women were better at coping with stressful situations. Hence, attaining more than men. However, men avoided their emotions and hence bottled them up which resulted in less attainment and increased self-esteem.

The present study was conducted to determine the association between aggression and coping styles of life among early adulthood. The findings of the study concluded that there existed a poorly positive correlation between the variables. It also aimed at examining the gender differences among the variables. The previous researches stated that there existed gender differences in aggression. However, the present study deferred in the sense as a result indicated that no significant difference existed in aggression which means that the level of aggressive behavior is not significantly different for men and women.

IMPLICATIONS

The present study shows that there exists a moderate negative relationship between Aggression and Coping Styles on Early Adulthood.

This implies that the level of aggression and level of coping is inversely proportional, i.e., individuals who are high on the level of aggressive behaviors are consequently low on level of coping and vice – versa.

On an individual level, the study implies that the stressful situations can result in increase the level of aggressive behavior's which can be diminished by inculcating coping strategies to deal and cope with the situations. Coping styles, on the other hand, help in minimizing stress during difficult situations which diminishes the hostility and hence reduces aggression.

On a societal level, the study implies that aggression can act as a social barrier for smooth development of interpersonal relationships. Aggression diminishes the social skills of an individual which leads to conflicts and difficult situations. Coping styles help in managing the difficult situations and reducing tension hence reducing aggression and violent behavior which helps in building positive interpersonal relationships.

The study further implies that there exists a significant gender difference with respect to Coping Styles on Early Adulthood participants. This implies that the style of coping is different for males and females which is due to the subjective perception of situations and way of coping. However, there was no significant gender difference with respect to Aggression on Early Adulthood participants implying the level of aggression was not vividly affected by gender factor.

Moreover, the present study requires extensive research in the field as the impact on individuals is subjective. Also, the pandemic ridicules the normal schedule of individuals and social interaction which might cause changes in the levels of aggression and coping. Therefore, understanding factors related to the variables may yield more comprehensive outcomes.

LIMITATIONS

- **Lack of Generalizability:** One of the major limitations of this study was that the samples were taken from an age group of 15 to 21 years which only represents the young adults and ruling out the other age groups. Hence, the findings of the study lack generalizability as it was not possible to generalize its findings to the entire world population, which consists of various age groups. The results of the study could have been different as the variables are significantly influenced by age.
- **Cultural Differences:** The sample that was used was taken from citizens of India and hence the sample cannot be considered as a suitable representation of the world population, as there could be several cultural differences which could influence an individual's social anxiety and loneliness. Due to the situation of global pandemic, the sample was restricted due to web-based data collection.
- **Lack of Qualitative Data:** The study fails to provide the entire picture as it focuses mainly on the objective, quantitative data or information which is gathered through the application of the questionnaires and other inventories. Hence this study fails to provide subjective data, and as Aggression and Coping Styles are very abstract and subjective in nature, this study fails to portray the entire picture as a whole, and only focuses on a few parts of it.

FUTURE DIRECTIONS

There has not been a lot of research in this field, and hence there needs to be done extensive research in this domain. Some future research can include:

- Larger age range for the sample population, like the geriatric population as they can have issues with coping and aggression as they face daily challenges physically and mentally.
- A larger sample population for the research can help in reducing the issue of generalization.
- Further research can be conducted in deducing the factors affecting these variables as both the variables are psychological constructs and are affected largely by extraneous factors like interpersonal relationships, age, work environment etc.
- Using a culturally diverse sample population may help in understanding and scoring the variables extensively.

CONCLUSION

The present study concluded that Aggression and Coping Styles have a moderately positive correlation with aggression having positive effects on physical and psychological health of the individuals which can be helped by accepting better coping strategies. However, the impact of this correlation has not been further investigated and has limitations that yet have to be dealt with. On statistically investigating the strength and direction between the variables in the present study, it can be concluded that Aggression and Coping Styles have a moderately positive correlation. Therefore, it can be concluded that higher the level of aggression, lower is the level of coping and vice versa. There needs to be extensive research done still to understand the correlation and its impact on the individuals personally and on a social

REFERENCES:

1. Ahsan, M. et. al. (2015). Physical, Verbal, Anger and Hostility Aggressiveness in University's Physical Education Students. *International Journal of Sports and Physical Education (IJSPE)*, 1(2), 20–23. <https://www.arcjournals.org/pdfs/ijspe/v1-i2/4.pdf>
2. Anderson C. A., Anderson K. B., Dorr N., DeNeve K. M. & Flanagan M. (2000) Temperament and aggression. *Advances in Experimental Social Psychology*, 32, 63-133.
3. Bagner, D.M., Storch, E.A. & Preston, A.S. (2007) Romantic Relational Aggression: What about Gender?. *J Fam Viol* 22, 19–24. <https://doi.org/10.1007/s10896-006-9055-x>
4. Baron, R. A., & Richardson, D. R. (1994). *Human aggression*. New York: Plenum Press.
5. Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. New York, NY: Plume.
6. Ben-Zur, H. (2009). Coping styles and affect. *International Journal of Stress Management*, 16(2), 87–101. <https://doi.org/10.1037/a0015731>
7. Berkowitz, L. (1989). Frustration-aggression hypothesis: Examination and reformulation. *Psychological Bulletin*, 106(1), 59–73. <https://doi.org/10.1037/0033-2909.106.1.59>
8. Bibi, A. Saleem, M. Adnan Khalid & N. Shafique (2020) Emotional Intelligence and Aggression among University Students of Pakistan: A Correlational Study, *Journal of Aggression, Maltreatment & Trauma*, 29:10, 1189-1203, DOI: 10.1080/10926771.2019.1709592
9. Boxer, P., Sloan-Power, E., & Schappell, I. M. (2012). Coping with stress, coping with violence: Links to mental health outcomes among at-risk youth. *Journal of psychopathology and behavioral assessment*, 34(3), 405–414. <https://doi.org/10.1007/s10862-012-9285-6>
10. Brown, R.C., & Tedeschi, J.T. (1976) Determinants of perceived aggression. *Journal of social Psychology*, Volume 100, pp 77-87

11. Cara M. DiClemente & Maryse H. Richards (2019) Community Violence in Early Adolescence: Assessing Coping Strategies for Reducing Delinquency and Aggression, *Journal of Clinical Child & Adolescent Psychology*, DOI: 10.1080/15374416.2019.1650365
12. Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology*, 61, 679-704. doi:10.1146/annurev.psych.093008.100352
13. Chassitty N. Whitman & William H. Gottdiener (2015) Implicit Coping Styles as a Predictor of Aggression, *Journal of Aggression, Maltreatment & Trauma*, 24:7, 809-824, DOI: 10.1080/10926771.2015.1062447
14. Chen, C. (2016). The Role of Resilience and Coping Styles in Subjective Well-Being Among Chinese University Students. *Asia-Pacific Edu Res* 25, 377–387 . <https://doi.org/10.1007/s40299-016-0274-5>.
15. Colman, A.M. (2013). *A Dictionary of psychology*. New York: Oxford University Press Emmerová, I. (n.d). *Aggressive Behaviour of Pupils against Teachers-Theoretical Reflection and School Practice*. The New Educational Review.
16. Csibi, Sándor & Csibi, Monika. (2011). Study of aggression related to coping, self-appreciation and social support among adolescents. *Nordic Psychology*. 63. 35-55. 10.1027/1901-2276/a000044.
17. Diong, S.-M., & Bishop, G. D. (1999). Anger Expression, Coping Styles, and Well-being. *Journal of Health Psychology*, 4(1), 81–96. <https://doi.org/10.1177/135910539900400106>
18. Feshbach, Seymour; Singer, Robert D. (1971) *Television and Aggression*. Jossey-Bass Inc.186.
19. Finkel, E. J. (2014). The I3 model: Metatheory, theory, and evidence. In Olson, J. M., Zanna, M. P. (Eds.), *Advances in experimental social psychology*.49,1-104.
20. Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, 54(3), 3466-475. doi:10.1037/0022-3514.54.3.466
21. Ganesan, Yosindra. (2018). A Study on Stress Level and Coping Strategies among Undergraduate Students. *Journal of Cognitive Sciences and Human Development*. 3. 10.33736/jcshd.787.2018.
22. G.S. Kozhukhar, A. K. Belousova (2016) Link Between Aggression and Coping Strategies In University Students, *Inted2016 Proceedings*, pp. 3727-3734.
23. Harris, M.B., Knight-Bohnhoff, K. (1996) Gender and aggression I: Perceptions of aggression. *Sex Roles* 35, 1–25. <https://doi.org/10.1007/BF01548172>
24. Hsieh I-J, Chen YY (2017) Determinants of aggressive behavior: Interactive effects of emotional regulation and inhibitory control. *PLoS ONE* 12(4): e0175651. <https://doi.org/10.1371/journal.pone.0175651>
25. Huang, B., White, H. R., Kosterman, R., Catalano, R. F., & Hawkins, J. D. (2001). Developmental Associations Between Alcohol and Interpersonal Aggression During Adolescence. *Journal of Research in Crime and Delinquency*, 38(1), 64–83. <https://doi.org/10.1177/0022427801038001004>
26. Kabir, Syed Muhammad. (2018). Aggressive Behaviour, Depression, and Family Relation of the College Students. 10.13140/RG.2.2.35239.44961.
27. Kardum, Igor & Krapić, Nada. (2001). Personality traits, stressful life events, and coping styles in early adolescence. *Personality and Individual Differences*. 30. 503-515. 10.1016/S0191-8869(00)00041-6.
28. Karimzade, Atefe & Besharat, Mohammad Ali. (2011). An investigation of the Relationship Between Personality Dimensions and Stress Coping Styles. *Procedia - Social and Behavioral Sciences*. 30. 10.1016/j.sbspro.2011.10.155.
29. Kotler, M., Finkelstein, G., Molcho, A., Botsis, A. J., Plutchik, R., Brown, S. L., & van Praag, H. M. (1993). Correlates of suicide and violence risk in an inpatient population: coping styles and social support. *Psychiatry research*, 47(3), 281–290. [https://doi.org/10.1016/0165-1781\(93\)90085-u](https://doi.org/10.1016/0165-1781(93)90085-u)
30. Kozhukhar, Galina & Belousova, Alla. (2016). LINK BETWEEN AGGRESSION AND COPING STRATEGIES IN UNIVERSITY STUDENTS. 3727-3734. 10.21125/inted.2016.1895.
31. Lawrence, J., Ashford, K., & Dent, P. (2006). Gender differences in coping strategies of undergraduate students and their impact on self-esteem and attainment. *Active Learning in Higher Education*, 7(3), 273–281.
32. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York, NY: Springer.
33. Marsee, M.A., Weems, C.F. & Taylor, L.K. (2008) Exploring the Association between Aggression and Anxiety in Youth: A Look at Aggressive Subtypes, Gender, and Social Cognition. *J Child Fam Stud*, 17, 154–168. <https://doi.org/10.1007/s10826-007-9154-1>
34. McCormick, R. A., & Smith, M. (1995). Aggression and hostility in substance abusers: the relationship to abuse patterns, coping style, and relapse triggers. *Addictive behaviours*,20(5), 555–562. [https://doi.org/10.1016/0306-4603\(95\)00015-5](https://doi.org/10.1016/0306-4603(95)00015-5)
35. Miller, N. E. (1941). I. The frustration-aggression hypothesis. *Psychological Review*, 48(4), 337– 342. <https://doi.org/10.1037/h0055861>
36. Morales-Rodríguez, Francisco & Pérez-Mármol, José. (2019). The Role of Anxiety, Coping Strategies, and Emotional Intelligence on General Perceived Self-Efficacy in University Students. *Frontiers in Psychology*. 10. 10.3389/fpsyg.2019.01689.

37. Myers, D.G. (2005). *Social psychology* (8th ed). New Delhi: McCraw Hills
38. Nazir, A., & Mohsin, H. (2013). Coping Styles, Aggression and Interpersonal Conflicts among Depressed and Non-Depressed People. *Health promotion perspectives*, 3(1), 80–89. <https://doi.org/10.5681/hpp.2013.010>
39. Ng, R., Ang, R.P. & Ho, M.H.R. (2012) Coping with Anxiety, Depression, Anger and Aggression: The Mediation Role of Resilience in Adolescents. *Child Youth Care Forum* 41, 529–546. <https://doi.org/10.1007/s10566-012-9182-x>
40. Remillard, Alison & Lamb, Sharon. (2005). Adolescent Girls' Coping With Relational Aggression. *Sex Roles*. 53. 221-229. 10.1007/s11199-005-5680-8.
41. Roncaglia, Irina. (2014). Coping Styles: A Better Understanding of Stress and Anxiety in Individuals With Autism Spectrum Conditions Through Sport and Exercise Models. *Psychological Thought*. 7. 134-143. 10.5964/psyct.v7i2.115.
42. Shao, Rong & Wang, Yunqiang. (2019). The Relation of Violent Video Games to Adolescent Aggression: An Examination of Moderated Mediation Effect. *Frontiers in Psychology*. 10. 10.3389/fpsyg.2019.00384.
43. Shin, H. (2017) Friendship Dynamics of Adolescent Aggression, Prosocial Behaviour, and Social Status: The Moderating Role of Gender. *J Youth Adolescence* 46, 2305–2320.
44. Smits, Dirk & Kuppens, Peter. (2005). The relations between anger, coping with anger, and aggression, and the BIS/BAS system. *Personality and Individual Differences*. 39. 783-793. 10.1016/j.paid.2005.02.023.
45. Steiner, Hans & Erickson, Sarah & Hernandez, Nicole & Pavel ski, Renee. (2002). Coping styles as correlates of health in high school students. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*. 30. 326-35. 10.1016/S1054-139X(01)00326-3.
46. Sue Winstanley & Richard Whittington (2002) Anxiety, burnout and coping styles in general hospital staff exposed to workplace aggression: A cyclical model of burnout and vulnerability to aggression, *Work & Stress*, 16:4, 302-315, DOI: 10.1080/0267837021000058650
47. UKEssays. (2018). Aggression and Coping Strategies Psychology Essay. Retrieved from <https://www.ukessays.com/essays/psychology/aggression-and-coping-strategies-psychology-essay.php?vref=1>
48. VandenBos, G. R., & American Psychological Association. (2007). *APA dictionary of psychology*. Washington, DC: American Psychological Association.
49. Wolfradt, Uwe & Hempel, Susanne & Miles, Jeremy. (2003). Perceived parenting styles, depersonalisation, anxiety and coping behaviour in adolescents. *Personality and Individual Differences*. 521-532. 10.1016/S0191-8869(02)00092-2.
50. Yamasaki, Katsuyuki & Nishida, Noriko. (2009). The relationship between three types of aggression and peer relations in elementary school children. *International journal of psychology: Journal international de psychologie*. 44. 179-86. 10.1080/00207590701656770.