The Level of Anger among Couples during the Coronavirus Pandemic in the Northern Region

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Abstracts: This paper aimed to investigate the level of anger among spouses during the Corona pandemic (COVID-19) in the northern region of Jordan. The descriptive analytical approach was used, and to collect data, the researcher adopted the Anger Management Scale (AMS) (Stith & Hamby, 2001). The scale consisted of (32) items distributed over four areas (Escalating Strategies, Negative Attributions, Calming Strategies, and Self-Awareness). A total of (406) couples from the northern governorates were recruited in this study. Statistically significant differences were found for the effect of the number of years of marriage, favouring the category (more than ten years). In addition, the number of children demonstrated statistically significant differences favouring the category of (more than (6) children). However, no statistically significant differences were attributable to educational qualification.

Keywords: Anger, COVID-19, Escalating strategies, Negative attributions, Calming strategies, and Self-awareness.

1. INTRODUCTION

The Corona pandemic was a tragic historical incident that had a negative impact on many people's mental health and was felt in all facets of life. Families face various challenges as a societal structure, whose spouses serve as its foundation. Within households, they adopted a variety of approaches to overcoming these difficulties. The novel Coronavirus led to numerous behavioural changes in people, particularly after countries proclaimed that social isolation and home quarantine were the best ways to prevent the infection from spreading. The shift people have experienced in their lifestyle, such as adherence to the quarantine and precautionary measures, led to varying psychological impacts on each individual (Domi, 2020; Aldhafri & Alhashmi, 2020; Al-Azab and Al-Gawhary, 2020). In light of this situation, the family members, with their various personality traits and viewpoints, began to communicate directly with each other for a long time. On the other hand, new problems emerged that they had to deal with, such as managing the home, spending time helping children with their schoolwork, etc. Indeed, this places great psychological burdens on the spouses (Al-Azab & Al-Jawhary, 2020).

Anger is one of the most prominent psychological problems affecting the lives of married couples. It is defined as a disturbing emotional state of varying intensity, from irritability and mild agitation to intense anger, which is a feeling of dissatisfaction and resentment as a result of a real or imagined threat, insult, oppression, frustration, or injustice to the individual himself or others (Gündogdu, 2018). Anger is a negative psychological-biological state of varying intensity and duration (Mesbah et al., 2021). According to Smith, Duffy, Moxham-Hall, Strang, Wessely, and Rubin (2020), interpersonal problems increase when one person lacks the lowest level of successful adaptation to risk factors, threatening factors, or challenges to which he is exposed. This also applies to the person's lack of methods for controlling his behaviour, particularly the accompanying anger.

1.1. Problem Statement

Couples are under more stress now than before the Corona epidemic broke out as they deal with the myriad difficulties that followed the pandemic. A lot of anger controls their dealings at the slightest problem they face. The researcher recognised the need to address this issue and find suitable solutions for it in light of the consequences of this phenomenon of increasing negative feelings resulting from the inability to self-expression or suppression and the detrimental effects the pandemic leaves on spouses' marital lives as well as their mental and physical health. This study was carried out due to the significance of the subject and the dearth of Arab research**-** to the researcher's knowledge- that addressed the issue of spouses' levels of anger in light of the Corona epidemic.

In order to find out whether there are statistically significant differences at the significance level (0.05) in the level of anger among spouses during the Corona pandemic (COVID-19) due to the variables (academic qualification, the number of children, and the number of years of marriage), the following questions were addressed in the study:

1. What is the level of anger management in spouses during the Coronavirus (COVID-19) pandemic in the Northern Region**?**

2. Are there statistically significant differences at the significance level ($\alpha \geq 0.05$) in the level of anger among spouses during the Corona pandemic (COVID-19) due to the variables (academic qualification, number of children, and number of years of marriage)**?**

1.2. Study Importants

This study derives its importance from the topic it addresses: anger among spouses and its impact on family and societal security. Where anger is considered the first basis for the problems that cause family disintegration, studying this subject may help reduce and address the rates of domestic violence in society. Furthermore, this research gains its importance due to the absence of recent studies in the region which deal with the level of anger management among spouses and the differences in the level of anger management among spouses during the pandemic that are attributed to the academic qualification variable, the number of children, and the number of years of marriage. Hopefully, this study will provide new data to many official social and civil institutions working and interested in family welfare, academic specialists, and Arab literature.

1.3. Definition of Terms

The study addresses the following terms:

Anger: an internal feeling that arises from frustration, and it can be an internal or external feeling before becoming aggression" (Gündogdu, 2018)

Corona pandemic: an infectious condition brought on by the newly discovered coronavirus COVID-19 that affects people worldwide. When a person has a highly contagious virus, it is primarily spread through droplets released when the individual breathes or coughs (WHO World Health, 2020).

1.4. Study Limitation

Human Limits: During the Corona epidemic, the study's application was restricted to (406) husbands and wives.

Spatial limits: The study was applied in the northern region**.**

Temporal limits: The study was conducted in 2021**.**

Objective Limits: The study was limited to revealing the level of anger among spouses during the Corona (COVID-19) pandemic in the Northern Region**.**

2. LITERATURE FRAMEWORK

A deadly pandemic results from an infection spreading from one place to another. Indeed, this is what the globe experienced when the Coronavirus developed, with symptoms that included high fever, coughing, excruciating throat pain, and shortness of breath (Maalash, Qudam, and Zaarour, 2020; Junady, 2020).

A fresh coronavirus (Corona) strain is the cause of COVID-19. The name of the illness comes from the following: "CO" and "VI" are the first two letters of the word corona, "D" is the first letter of the word disease, and "VI" and "CO" are the first two letters of the word virus. Previously, this condition was known as "novel coronavirus-19" or "COVID-19." (Bender, 2020).

People's daily life have been drastically altered by the COVID-19 pandemic. Due of this, many nations have implemented social limitations, such as lockdowns (Frank & Grady, 2020). Staying at home, forbidding attendance at public events and traveling to work, closing all non-essential companies and institutions of higher learning, and avoiding contact with relatives are all part of the quarantine measures. Lockdown has been linked, according to a substantial body of research, to adults' social and emotional wellbeing that is worse (Brooks et al., 2020).

Staying at home for several days or weeks is unusual for people, making many suffer psychologically (Mamoun, 2019). According to (Al-Hiyari, 2012), one of the most destructive behavioural issues in both the individual and society is aggressive conduct, which has a variety of negative impacts due to psychological disorders such as fear, anxiety, depression, low self-esteem, and social isolation in the aggressive individual. This is due to the fact that it is an outcome of anger, which has been linked to psychological and societal maladjustment in the person. And since anger is the main cause of aggressive behaviour, it varies according to the age stages and the circumstances leading to its arousal. It is a reaction to frustration and ill-treatment, a strong dissatisfaction that provokes aggression, especially towards the perceived sources of this anger (Sultan, 2017).

Anger is a psychological-biological state that arises from internal or external factors (Hassana, 2014; Hussein, 2006).

Everybody experiences it temporarily and responds to psychological stress and anger-inducing problems (Al-Khawaldeh and Jaradat, 2014), depending on the situation (Al-Hamouri and Al-Anazi, 2018). Anger often has expressive manifestations, such as a change in tone of voice and body movement (Morgül, Kallitsoglou, & Essau, 2020). The manifestations of anger include the mood swings that affect the person, the external changes that appear through changes in the individual's behaviour, and the internal changes that appear on the body, such as a high heartbeat. In addition, anger can cause health symptoms, such as cardiovascular disease and high blood sugar (Duwe & Clark, 2015).

However, people respond to situations in various ways: some are unconcerned, others are tense, and others try to suppress their emotions. In all circumstances, an individual must learn to be aware of his feelings and strive to express his displeasure positively to get what he needs quickly and sufficiently and attain mental health harmony (Konishi & Hymel, 2014).

There are two types of anger: healthy anger, which is related to an acceptable emotional, logical reaction to the abuse the person experiences and uses to try to protect himself from. The second type is unhealthy anger, brought on by unfavourable thoughts and emotions and justified by unsatisfactory grounds and can be accompanied by the desire to attack or destroy and sometimes harm others or oneself (Taha, 2003). High levels of self-awareness are necessary to manage this type (Al-Hamouri & Al-Anezi, 2018).

Anger-based personality traits include being quick-tempered and complacent. The former is uncontrollably moody and poorly in control of himself, while the latter is easily enraged and takes a long time to become satisfied. The third kind is one of the best personalities and is slow to get angry but quick to get over it. They are wise and patient when angry (Wadi, 2016). However, one negative effect of anger is reducing the individual's ability to constructive criticism and making him perform random actions. In addition, anger leads to undesirable behaviours due to the disintegration of accurate and acquired information, and instinctive information prevails over thinking (Al-Dosari, 2017).

Recognizing your feelings of anger and anxiety is the first step in dealing with them. Individuals' understanding of their anxiety and anger depends heavily on their biological and physiological makeup, logical and irrational ideas,

the environment in which they live, and their relationship to environmental elements like culture and family structure. People can use their negative emotions for themselves in productive ways when they recognize the situations they feel are harmful (Bayrak, Uzun, & Kulakaç, 2021).

Anger behaviour and its consequences are affected by the methods used by the individual to express his anger (Uzunoglu, & Baysan Arabaci, 2017).

Life skills contribute significantly to providing the individual with mechanisms to adapt to emotional situations and the individual's re-evaluation of his life. The more skills an individual acquires, the more positively this will be reflected in his ability to control his emotions and assess the quality of life he leads (Duwe & Clark, 2015).

They are two anger for anger as a condition, which is in the form of psychological, psychological emotions that change in the size of anger that is intended to a very time with the time of the perception of the individual awareness of frustration resulting from a perceived behaviour. The other component is the trait of rage. According to individual differences, many situations are seen as aggravating and upsetting, and the person reacts to them by becoming more angry (Gündogdu, 2018).

There are three types of anger: explicit anger, the individual's anger is visible to others; latent anger, which is anger that others do not realise and leads to frustration; and chronic anger is associated with illogical thoughts and is considered a disease. As for positive anger, it pushes the individual to practice positive actions and achieve them seriously. And negative anger that causes physical disorders such as headaches and heart disease. Displacement anger is when an individual takes out his anger towards a specific object as individuals express and react to anger in different ways; Some hide their anger, which causes depression and diseases, and some of them take the form of withdrawal, flight, and alienation from people. Some may take the form of accusing themselves or others or detonating and using aggression and redirecting it to other problems (Cumming, Poling, & Smith, 2020).

Anger stems from existence without a cause, according to the existential school, because this philosophy is concerned with the lack of a goal in a person's life, which he seeks to achieve and endures difficulties for, a person knows that his life is worth living to achieve this goal; he will be optimistic in his outlook on life; Moreover, if an individual lives without a goal to aspire to, they will be prone to feelings of anger, regret, and self-blame, and will pursue anger (Spielberger, 1999).

According to the realist perspective, anger is a sign of negativity and a lack of personal responsibility since the person cannot satisfy his wants in his world. The mismatch between the images recorded in the photo album and what is in reality results from the individual's desire to satisfy his needs and what he receives, which causes frustration and anger (Bresin & Gordon, 2013).

2.1. Previous Studies

A cross-sectional online survey was done by Smith, Duffy, Moxham-Hall, Strang, Wessely, and Rubin (2020) to better understand the causes of rage and conflict during the COVID-19 pandemic. Data were gathered from July 17 through July 20, 2020. (2237) people in the UK between the ages of 16 and 75 made up the sample. According to the study's findings, the majority of participants said that COVID-19 caused them to argue, feel irate, or have disagreements with others. Additionally, there was a high correlation between confronting someone, being confronted, feeling furious, or engaging in fights. Additionally, aggression and conflict were linked to younger ages, higher chances of facing substantial financial hardships as a result of the pandemic, higher perceptions of COVID-19 danger, and learning about COVID-19 from social media.

A study (Morgül, Kallitsoglou, & Essau, 2020) aimed to investigate the impact of the COVID-19 lockdown on the psychological state of primary school children and their families living in the United Kingdom. A survey was completed online by 927 caregivers of kids between the ages of 5 and 11. It contained a number of questions to gauge their emotional state, behavior, and the behavior of the kids both before and after the lockdown. Children's

emotional states and behaviors have changed, according to caregivers, during the lockdown. Children reported symptoms of boredom the most (73.8%), followed by loneliness (64.5%) and frustration (61.4%). More than 30% of the caregivers mentioned the patient's irritability, restlessness, anger, restlessness, melancholy, worry, and potential arguments with the family. Children used screens more frequently, were more active, and slept less during the lockdown. Additionally, it has been noted that family coexistence during the lockdown was fairly challenging.

Al Makaneen and Al Khawaldeh (2019) carried out a study in Amman, Jordan, to assess the efficiency of anger management training in lowering violent behavior and boosting resilience. A random sample of (22) kids was used for the study, and they were split into two groups: the experimental group and the control group. A nine-session, eight-week program for anger control was given to the experimental group. Participants in the control group did not receive any instruction. The aggressive behavior scale and the degree of flexibility before and after the training session are used to evaluate the participants in the two groups. The outcomes showed that the anger management training program was highly effective at decreasing aggressive behavior and enhancing flexibility in kids with hearing impairments.

Al-Sharari (2018) conducted a study to identify the effectiveness of a counselling program based on anger management and problem-solving methods in reducing school bullying behaviour and the level of anger among primary school students. The study sample consisted of 30 students. Participants were randomly distributed into two groups: an experimental group (n). = 15) students who received a counselling program, consisting of 12 sessions, and a control group (n = 15) students who did not receive the counselling program. The performance of the experimental and control groups was measured on the school bullying and anger scales before and after the counselling program. In addition, follow-up measurement was taken for the experimental group one month after the end of the programme. The study results showed statistically significant differences between the experimental and control groups in school bullying and anger in favour of the experimental group. The results also indicated a continuity of the program's impact on the experimental group in all its variables one month after applying the program to it.

The study's objectives (Natso, George, & Cu, 2018) were to measure adolescents' levels of anger, identify the variables influencing anger and coping, and ascertain the link between anger and coping. The study included (453) secondary school students between the ages of 13 and 16 (210 boys and 243 girls). We employed the Behavioral Anger Response Questionnaire (BARQ-C), the Rating Scale for Factors Influencing Anger, and the State-Trait Expression of Anger Inventory (STAXI-2CA). According to the findings, only 0.4% of respondents exhibited extremely high levels of anger, while 5.7% had high levels and 93.8% had a medium level. Seven elements were found through factor analysis: social influence, emotional self-regulation, needs fulfilment, cognition, the impact of the home environment, exceeding expectations, and frustration. The study also discovered a marginally beneficial connection between rage and coping.

Bani Arshaid (2017) conducted a study to measure the effect of a counselling program based on life skills in reducing anger and increasing life satisfaction among adolescents. (124) students in the tenth and eleventh grades from schools in Abu Dhabi participated in the study. The anger scale was used as a condition and the measure of satisfaction with life, and based on the scores of the study population on the scale of anger as a condition and the measure of satisfaction with life. The study sample consisted of (30) students randomly and equally divided into experimental and control groups. The experimental group received a life skills training program, while the control group did not receive any treatment programme. The study results indicated that the experimental group showed a significantly higher decrease in anger and a significantly higher improvement in life satisfaction than the control group.

When we look back at the earlier research, we see that different groups were addressed, and the goals and outcomes changed. Comparing the current study to earlier research, we discover that it differs from other studies in that it sought to quantify the level of rage experienced by spouses during the Corona pandemic (COVID-19). This fact increases the study's significance, particularly given that it focuses on a significant social group—spouses—in society.

3. METHODS AND PROCEDURES

3.1. Approach

The study used the descriptive survey approach as it is the best method for achieving the objectives of the current study.

3.2. Population and Sample

The study population consisted of (406) spouses from Irbid Governorate. Participants were chosen through an online sample using the conventional method. See Table (1).

Table 1. Frequencies and Percentages of the Study Variables.

Variables	Category	Frequency	%
Qualifications	High school or less	80	19.7
	Bachelor's	222	54.7
	Postgraduate	104	25.6
	< 10 years	128	31.5
Years of marriage	> 10 years	278	68.5
Number of children	< 3 children	82	20.2
	3-5 Children	249	61.3
	< 6 Children	75	18.5
	Total	406	100

3.3. Instrument

3.3.1. The Anger Management Scale (AMS)

The anger management scale (Stith and Hamby, 2001). The scale consisted of four dimensions: escalation strategies (11) items, negative attribution (7) items, calming strategies (8) items, and self-awareness (6) items. The Arabic version of the scale was verified by Abu Saeed (2007). To check the logical validity, the scale was presented to a committee of (10) specialised professors in Psychology and Counseling. The test-retest method was used. The Pearson correlation coefficient was (0.86).

In this study, the content validity of the measure was confirmed by (7) specialists in counselling and psychology who were asked to check the soundness of the scale items and their relativity. In the light of their observations, some linguistic formulations were modified. The scale reliability was verified using the (test-retest) method by applying the scale again after two weeks on a pilot sample (n=30) individual. Then a Pearson correlation coefficient was calculated between both applications. The internal consistency method (Cronbach alpha) also calculated the reliability coefficient. Results are shown in Table (2).

Table 2. Cronbach Alpha Internal Consistency Coefficient and T-Retest Results.

Fields	Test-retest	Internal consistency
Escalating Strategies	87	0.86
Negative Attributions	85	0.84
Calming Strategies	86	0.80
Self-Awareness	88	0.81
Total	88	0.85

In its final form, the measure consists of (32) items answered with a 4-point scale that takes the following weights: 1 = never, 2 = sometimes, 3 = often, and 4 = always in the positive statements. For the opposite statements, grades are reversed, and they are those with numbers (1, 2, 3, 4, 5, 7, 9, 10, 12, 13, 14, 15, 16, 17, 18, 27, 28, 30). The respondents' scores ranged on the scale (32-128).

4. RESULTS AND DISCUSSION

4.1. Anger Management in Spouses during the Corona Pandemic

Means and standard deviation of participants' responses were computed to find the level of Anger management in spouses during the Corona pandemic. See Table (3).

Table 3. Means and Standard Deviations of the Level of Anger Management in Spouses.

Rank	N	Fields	Mean	Std.	Level
1	2	Negative Attributions	4.20	0.636	High
2	1	Escalating Strategies	3.63	0.580	Medium
3	3	Calming Strategies	2.55	0.599	Medium
4	4	Self-Awareness	2.51	0.525	Medium
		Total	3.28	0.379	Medium

Table (3) shows that the mean scores ranged between (2.51-4.20). Negative attribution came first with the highest mean (4.20), while self-awareness came in the last rank (mean=2.51). The measure's overall mean score was (3.28). This result may be attributed to the fact that women can cope with situations that provoke anger, solve problems, and understand the psychological aspects of the situation. They also have social skills and the ability to communicate positively, overcome anger, to evaluate a situation from a constructive, positive perspective.

The means and standard deviations of the participants' responses were calculated for each field as they were as follows:

A. Escalation Strategies

Table 4. Arithmetic Means and Standard Deviations for Escalation Strategies.

Rank	N	Items	Mean	Std.	Level
1	1	When my husband starts fighting with me, I respond in kind.	4.12	0.760	High
2	18	When my husband upsets me, I get angry before I realise that.	4.03	0.880	High
3	30	When I get angry with my husband, I say whatever comes to mind without thinking about the consequences.	3.92	0.902	High
4	28	I raise my voice when I argue with my husband.	3.91	0.906	High
5	3	I take what my husband says personally.	3.86	0.898	High
12	2	I get very angry when my husband insists on his position.	3.66	0.794	Medium
13	5	I feel my blood boiling when I get angry with my husband.	3.47	0.901	Medium
18	4	My husband thinks I'm quick to anger.	3.41	1.050	Medium
27	27	My anger increases when I keep thinking about my anger.	3.33	0.828	Medium
28	13	I feel it in my body when I get angry with my husband.	3.23	0.942	Medium
30	12	When my husband provokes me, I have the right to defend myself.	3.03	0.921	Medium
		Total	3.63	0.580	Medium

The mean scores of the participants' responses on the Escalation Strategies Scale ranged between (3.03-4.12). For example, Statement (1), "When my husband starts a quarrel with me, I respond to him in kind," topped the scale (mean, 4.12), while Statement (12), "When my husband provokes me, I have the right to defend myself," ranked last (mean, 3.03). The overall mean of the escalation strategies was (3.63).

B. Negative Attribution

Table 5. Arithmetic Means and Standard Deviations for Negative Attribution.

Rank	N	Items	Mean	Std.	Level
1	7	My husband's presence in the same place makes me very angry.	4.49	0.772	High
2	16	If I don't insist my husband treat me respectfully, he will treat me badly.	4.40	0.907	High
3	17	My husband likes to piss me off.	4.38	0.782	High
4	14	My husband does some annoying things to annoy me	4.32	0.787	High
5	10	When my husband is nice to me, I wonder what he's up to.	4.17	1.013	High
12	15	My husband's harassment of me makes me unable to control my feelings.	4.06	0.925	High

13	9	My husband's mistakes are what makes me angry.	3.57	0.983	Medium
		Total	4.20	0.636	High

Table (5) indicates that the means of the statements ranged between (3.57-4.49). For example, statement (7) reads, "My husband's presence in the same place with me makes me very angry." ranked first (mean, 4.49), while Statement (9) reads: "My husband's mistakes are what makes me angry." ranked last (mean, 3.57). The overall mean score of the negative attribution was (4.20)

C. Calming Strategies

Table 6. Arithmetic means and standard deviations of pacification strategies.

Rank	N	Items	Mean	Std.	Level
1	6	I avoid my husband for a while to calm my nerves.	2.73	0.930	Medium
2	24	I try to control my temper when I get angry with my husband.	2.70	0.891	Medium
3	21	I move away from the place to control my anger at my husband.	2.59	0.927	Medium
4	8	I prefer avoiding my husband when he tries to harass me.	2.51	0.947	Medium
5	29	I do something when angry to get my mind off my husband.	2.51	0.924	Medium
12	23	I can change the subject during an argument with my husband.	2.50	0.913	Medium
13	22	I take deep breaths and try to relax when I get mad at my husband.	2.48	0.882	Medium
18	25	I think of something joyful to avoid thinking of my anger at my husband.	2.41	0.982	Medium
		Total	2.55	0.599	Medium

Table (6) shows that the mean scores for the field Calming Strategies ranged between (2.41-2.73). The response 'I avoid my husband for a while to calm my nerves' (6) obtained the highest mean (2.73), while 'I think of something joyful to avoid thinking of my anger at my husband' was in the last rank (mean, 2.41). The overall mean score of the calming strategies was (2.55).

D. Self-Awareness

Table 7. Arithmetic Means and Standard Deviations of Self-Awareness.

Rank	N	Items	Mean	Std	Level
1	11	No matter how angry I am, I take responsibility for my behaviour towards my husband.	2.88	0.991	Medium
2	26	When I get angry with my husband, I try to control my feelings not to hurt anyone's feelings.	2.88	0.930	Medium
3	20	I know when I'm going to lose my temper.	2.39	0.951	Medium
4	31	I can calm myself down when I get upset with my husband.	2.39	0.895	Medium
5	32	When I feel like I'm getting angry with my husband, I stick to talking about the problem.	2.32	0.870	Low
12	19	I know when I will start to get angry with my husband.	2.18	0.918	Low
		Total	2.51	0.525	Medium

Table (7) revealed that the mean scores of Self-Awareness ranged between (2.18-2.88). Both Statements (11 and 26) obtained the highest mean equally: "No matter how angry I am, I take responsibility for my behaviour towards my husband," and "When I get angry with my husband, I try to control my feelings, not to hurt anyone's feelings" with a mean of (2.88). In contrast, the least mean value (2.18) was for the response, 'I know when I will start to get angry with my husband' However, the overall mean was (2.51).

4.2. The Level of Anger Management in Spouses by to Academic Qualification, Number of Children and Number of Years of Marriage

Means and standard deviations were extracted to see whether there is a difference in the level of anger management in spouses attributable to the variables of academic qualification, number of children, and number of years of marriage, as shown in Table (8).

Table 8. Arithmetic Means and Standard Deviations for the Level of Anger Management among Spouses by Academic Qualification, Number of Children, and Years of Marriage.

Variables	Category	Mean	Std.	N
Academic qualification	High school or less	3.38	0.374	80
	Bachelor's	3.25	0.389	222
	Postgraduate	3.25	0.349	104
Years of marriage	< 10 years	3.17	0.372	128
	> 10 years	3.32	0.372	278
Numbers of children	< 3 children	3.18	0.403	82
	3-5 Children	3.25	0.354	249
	< 6 Children	3.46	0.376	75

There are significant differences in the mean and standard deviations of the level of anger management among spouses attributable to the different categories of the variables of academic qualification, the number of children, and the number of years of marriage. The three-way ANOVA analysis was used to demonstrate the significance of the statistical differences between the means. See Table (9) below:

Table 9. Three-Way ANOVA Analysis of the Effect of Qualification, Number of Children, and Years of Marriage.

Source of variance	SS	DF	MS	F value	P value
Qualifications	0.203	2	0.101	0.756	0.470
Years of marriage	0.729	1	0.729	5.429	0.020
Number of children	1.726	2	0.863	6.431	0.002
Error	53.681	400	0.134		
Total	58.085	405			

Table (9) demonstrates that:

1. No statistically significant differences (α= 0.05) due to the effect of the academic qualification, as the P value was 0.756 and the statistical significance was 0.470.

2. Statistically significant differences (= 0.05) were observed due to the effect of the number of years of marriage, as the value of P was 5.429 and a statistical significance of 0.020. The differences favour the category of more than ten years.

3. Statistically significant differences (= 0.05) were evident due to the effect of the number of children, as the value of P was 6.431 and a statistical significance of 0.002.

The post-comparisons were used using the Scheffe method to determine the statistically significant pairwise differences between the arithmetic means. See Table (10)

Table 10. Dimensional Comparisons (Scheffe) of the Effect of the Number of Children on the Level of Anger Management in Spouses.

Category	Mean	< 3 Children	3-5 Children	< 6 Children
< 3 children	3.18			
3-5 Children	3.25	.07		
< 6 Children	3.46	.28*	.21*	

Note: * Statistically significant at (α = 0.05).

There are statistically significant differences (α = 0.05) between the category of 6 or more children on the one hand and each category of less than 3 and 3-5 children on the other hand. The differences were in favour of 6 or more children. This result may be attributed to the fact that all participants are similar in terms of their level of education, length of marriage, and number of children. They all share the same situations, issues, and hostile attitudes because they reside in the same governorate, Irbid. Additionally, all spouses experience the same strains brought on by the issues of the time in which we live and the effects of the Corona pandemic, such as: worry about

the future, heavier financial obligations, worry about getting the virus, and the duties involved with providing more healthcare for the family.

5. RECOMMENDATIONS

In light of the study's results, the researchers suggest the following:

1. Conducting more research on anger management, problem-solving for spouses, and how to handle them.

2. Developing programs and holding training courses for couples.

3. Joining parents in programs and seminars about how to build a healthy family and marital harmony and stability among families.

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