

Role of Anger and Irrational Thinking on Minor Physical Health Problems among Married Couples

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The current study examined the relationship between anger, irrational thinking, and physical health problems among married couples sampled from different parts of India ($N = 152$). Participants completed validated measures of self-reported anger, irrational thinking, and physical health status. The obtained Pearson's correlations showed significant associations between anger, irrational thinking, and physical health status. Specifically, the results suggested that perception of physical health problem during the last three months was correlated significantly with trait-anger, trait-anger/temperament, trait-anger/reaction, anger-out, anger-in, need for comfort, demand for fairness, other downing, and overall irrational thinking, but insignificant with self-downing, need for achievement, need for appreciation. It was further suggested that overall irrational thinking was correlated positively with trait anger, anger-out, and anger-in, but negatively with anger control-out and anger control-in. It is believed that this study may add knowledge about helping married couples in managing anger and irrational thinking to reduce their minor physical health problems in the Indian cultural context.

Key words: Anger; irrational thinking; physical health; married couples

Mental health professionals have been trying to understand the relation between marriage and wellbeing. Marriage is an important part of one's life. Marriage is supposed to take a person out of the hectic lifestyle that one is in and place him or her in an organized environment giving them a path to follow in life and a shoulder to lean on. It brings about positive feelings and experiences. However, it is not free from strains, compromises and challenges that need to be dealt with effectively. The role of irrational beliefs in marital discord can be understood by the work of Eisenberg and Zingle (1975) who administered their own measure of irrational beliefs ("Irrational Ideas Inventory") to both distressed couples attending counseling and couples not attending

counseling. Their results indicated that individuals with marriage difficulties demonstrate more irrational thinking than individuals in marriages that are not distressed. The effect of anger, and irrational beliefs on physical health has been studied, however no such study has been carried out in India in relation to married couples. Thus, this study may significantly add to the existing literature in Indian cultural context.

Health is a vehicle on which travels our hopes and accomplishments. In today's world there is ample need to work for improvement of one's health. According to World Health Organization (1985), "health is the complete state of physical, mental and social well being and not merely the absence of disease". The first health is wealth. "It is highly cherished state

of being" (Kaplan, Sallis, & Patterson, 1993, p. 9). He who has health has hope and he who has hope has everything. It is the ability of a person to satisfy needs and realize one's aspirations (Peters, 1988, p.395). Health can be considered as state in which an individual develops a state of subjective well being and mastery over the environment (Pestonjee, 1992). It includes physical capabilities as well as psychological and social resources.

Park and Park in 1991 have stated six dimensions of health: 1) The physical dimension of health regards health as a biological state in which every cell and organ functions optimally and in perfect harmony with the rest of the body, 2) The mental dimension reflects the ability of a person to respond to many varied experiences of life with flexibility and sense of purpose, 3) The social dimension refers to the quantity and quality of interpersonal ties and the person's degree of involvement with the community (Donald, 1978, cited in Park & Park, 1991), 4) The spiritual dimension involves integrity, principles and ethics, purpose in life, and commitment to some higher being, 5) The emotional dimension is related to emotional stability of a person, 6) The vocational dimension implies goal achievement and realization and work as sources of satisfaction and enhancement (World Health Organization, 1985, cited in Park & Park, 1991).

Anger and physical health problem: Anger is defined as 'an unpleasant occurrence that yields internal reactions like physiological, involuntary motor reactions, facial changes like frowning brows, dilated nostrils that occur during unpleasant situations'. Anger may be defined as an emotion characterized by strong feelings of displeasure, which are triggered by real or imagined wrong (Davidoff, 1987). A meta-analytic review showed that blood pressure was related to trait anger and anger expression (Schum et al., 2003). Two types of attribution believed to predict anger in married

couples were investigated. Wives' anger was expected to be predicted by event-dependent attributions, appraisals based on the unique aspects of one's current situation. Husbands' anger was expected to be predicted by schematic attributions, and appraisals based on his global sentiment in the relationship. Strong support was found for the expected gender differences. Results suggest that "wives are particularly attentive to the details of interpersonal interaction" (Sanford, 2005, p. 180). Study by Sanders, Smith, and Alexander (1991) on Type A behavior and marital interaction indicated that Type A's showed a larger increase in hostile/dominant behavior during discussions of marital conflicts than did couples consisting of two Type B's or a Type A husband and a Type B wife. Couples consisting of a Type B husband and a Type A wife displayed an intermediate level of hostile dominance. These results are consistent with previous speculations about interpersonal dynamics in Type A behavior and interaction patterns, which might underlie spouse effects on Type A behavior and coronary risk. Experiments have investigated the effects of Type A behavior, anger expression, and gender on perceptions of control and heart rate. (Janisse, Edguer, & Dyck, 1986). So, anger seems to be an important contribution to physical health problem. Besides, anger is a basic human emotion (Oatley, 1992). However, the experience and expression of anger seem to vary across cultures.

For instance, Eliaz (1999) reported that the Indians utilized more of anger-in mode of expression than the Americans or the Russians. The Israelis and the Americans reported to experience anger for a longer duration as compared to the Indians or the Russians. Anger's relation with perception of physical health was already examined in an earlier study conducted in India (Abhyankar, Nair, & Ram, 2003). However, the samples were drawn from the married women only (30 to 40 years) and it is important to examine

whether their findings are generalizable to other population such as married couples.

Irrational thinking and physical health problem: A study found that more the irrational thinking among nurses the poorer was their health and they suffered from increased burnout. Nurses who demanded perfection and control in themselves and others created unrealistic demands and expectations that cannot be met in the real world of nursing. This led to decrease in quality of their health. (Balevre, 2001). So, it is expected that higher irrational thinking of the couples might be related to the higher perception of physical health problems. Possible explanation for this relationship is that irrationality leads to negative emotions (Ellis, 1962), which in turn may lead to negative ways of dealing with the world and as a consequence poor health. Perception of physical health problem was positively correlated with overall irrational thinking in earlier study (Abhyankar, Nair, & Ram, 2003). However, these researchers didn't examine perception of physical health problem's relation with different aspects of irrational thinking, such as self-downing, other downing, need for comfort, need for achievement, demand for fairness, or need for approval.

Irrational thinking and anger. Irrational is to say that the thinking does not match the reality. Our thoughts influence our feelings. If we think people won't like us, we feel disappointed and withdraw socially. If we think nothing will work out well for us, we feel sad or passive and won't try. If we think we must have help to do something, we may feel inadequate and be dependent. If we think we are stupid and incompetent, we may feel worthless and be indecisive and self-critical. No doubt there are connections between thoughts and feelings and/or actions. It is very obvious that we are not influenced by "facts" but by our interpretation of the facts (Ellis, 1962). According to a study on the relationship of

factorially validated measures of anger-proneness and irrational beliefs (Lohr, & Bonge, 1982) anger disorders are mediated by irrational beliefs. The modification of irrational beliefs has been followed by reduction in anger-proneness. Determination of a causal relationship, however, requires at least a correlation between irrational beliefs and proneness to anger arousal. Multiple regression analyses showed significant positive relationships between all dimensions of anger proneness and several irrational beliefs (Lohr, & Bonge, 1982). The spouses may have unreasonable thoughts, demands and cluster of "should" and "must". The husband may engage in self-talks like "I should be able to provide for my families needs" while the wife may feel "I must be loved and cared for by my husband". Cognitive mediation is often described as playing a central role in the experience of anger (Ellis, 1962). For example, thoughts of being wronged in some way are often associated with angry feelings (Wickless & Kirsch, 1988) and that most episodes of anger involve the perception that the precipitating event is preventable, unjustified, and blameworthy (Averill, 1982). Persons with heightened propensity to experience anger (i.e., those high in trait anger) are assumed to interpret situations in a distorted manner that elicits and maintains unhealthy anger. In India, little research has explored the potential relationship between different components of irrational beliefs and anger expression styles. This is surprising, given the contribution of anger expression to major physical health problems (e.g., Sharma, 2003; Iqbal, Ahmad, & Khan, 2003). Abhyankar, Nair, and Ram (2003) found that certain aspects of irrational thinking were positively correlated with certain aspects of anger. However, the generalizability of their findings is yet to be examined.

Objectives

The literature reviewed so far indicates that there is a relationship between anger, irrational

thinking and physical health problems. In the present study, we were interested to examine the generalizability of this relationship to married couples in Indian cultural context. We were also interested to examine whether all the components of irrational thinking were related to anger and health problems. These findings would help counselors and therapists to save a lot of time while dealing with clients. The relationship between anger, irrational thinking and physical health problems would be examined across the gender since gender differences are observed in anger experience and expression (Spielberger, 1999). They are possibly extremely related to the culture, which one belongs to. Besides, major health problems such as blood pressure (Sharma, 2003), coronary heart disease (Iqbal & Ahmad, 2004) were focused in most of the Indian studies, if not all, while examining the relation of health to anger. So, our other objective in this study was to examine minor health problems' (such as loss of appetite, fatigue, nausea etc.) relationship to anger and different aspects of irrational thinking as put forward by Ellis (1962) among married couples that are hardly the participants of psychological research in India.

Method

Sample

Participants were 75 married couples ie. 75 males with age range of 27 to 80 years ($M = 44.85.13$, $SD = 11.19$) and 75 females with age range of 24 to 74 years ($M = 40.73$, $SD = 10.76$) from different parts of India. The couples were married for a minimum of one year and a maximum of 58 years ($M = 18.78$, $SD = 12.26$). In total 200 questionnaires were distributed out of which 150 were returned.

Procedure

All the measures were put together and administered individually to the participants. The participants were requested to fill in the genuine responses and confidentiality was assured.

Measures

Married couples who agreed to participate were given the questionnaire. Individual members of all couples were asked to independently complete the questionnaire. The participants completed English versions of the following self-report measures.

State-Trait Anger Expression Inventory-2 (STAXI-2). The experience and expression of anger were measured using the STAXI-2 (Spielberger, 1999). This scale has been used in many researches conducted in India.

Shortened General Attitude and Belief Scale (SGABS; Lindner, Kirkby, Wertheim, & Birch, 1999): This is a brief scale for assessment of multidimensional aspects of irrational thinking with 26 items to be answered on a five-point scale from *Strongly Disagree* (1), *Disagree* (2), *Neutral* (3), *Agree* (4) to *Strongly agree* (5). Higher score indicated higher irrational thinking. The subscales include self-downing, need for achievement, need for approval, need for comfort, demand for fairness, and other downing. The authors reported that test-retest reliability was .65 to .87 with an interval of three days among 36 participants. A moderate but significant correlation ($r = .41$) was found between the SGABS and the Beck Depression Inventory, a significantly higher correlation ($r = .77$) was found between the SGABS and the Irrational Belief Scale (see, Lindner et al., 1999). In the present study data, internal consistency reliability for overall irrational thinking was high ($\alpha = .86$) and for the rest of the subscales alpha was .65 to .76.

Physical Health Scale (P H S; Thingujam, 2002): It is 18-item scale which is to be responded on a five-point scale viz: *Very Frequently* (5), *Frequently* (4), *Sometimes* (3), *Very rarely* (2) and *Never* (1). Some of the example items are: "decrease in appetite", "tendency to sweat", "pain in the back", "fever", or "nausea". Higher score indicated more perception of minor physical health problems

in the last three months. The internal consistency reliability for this scale is .78.

Results

The obtained data were subjected to descriptive statistics and One-way ANOVA to

examine if gender differences in STAXI and SGABS were observed (see Tables 1 and 2). Later, Pearson's Product-Moment correlation was computed to examine minor physical health problem's relationship with anger and irrational thinking (see Tables 3 and 4).

Table 1: Means, SD's and F-values of the subscales of anger assessed by STAXI

Scale	Male		Female		F*
	M	SD	M	SD	
T Anger	20.00	5.87	19.12	4.69	0.31
T Anger/ T	7.25	2.87	6.61	2.48	0.15
T Anger /R	9.80	3.04	9.69	2.73	0.82
AXO	15.73	3.76	16.07	4.15	0.61
AXI	16.73	4.34	17.28	4.40	0.44
ACO	22.69	4.59	21.20	4.89	0.05
ACI	22.61	5.10	21.65	5.64	0.28

n = 75 for males and n = 75 for females

* None of the F-values were significantly different.

Index:T Anger: Trait Anger; T Anger/ T: Trait Anger Temperament; T Anger/ R: Trait Anger Reaction; AXO: Anger expression-Out, AXI: Anger Expression-In; ACO: Anger Control-Out, ACI: Anger Control-In, STAXI = State Trait Anger expression Inventory

Table 2: Means, SD's and F-values of the subscales of irrational thinking assessed by SGABS

Scale	Male		Female		F
	M	SD	M	SD	
Self Downing	6.99	2.50	7.25	3.30	.25
Need for Achievement	12.24	3.61	11.68	3.06	1.08
Need for Approval	7.77	2.89	7.77	2.48	.02
Need for Comfort	10.12	3.48	11.64	3.56	6.99**
Demand for fairness	13.45	3.76	13.65	3.53	.14
Other downing	7.41	2.58	7.43	2.51	.01
Total Irrationality	58.00	12.96	59.43	12.62	.56

n = 75 for males and n =75 for females No significant difference was observed except on Need for Comfort.

** p<. 001 SGABS = Shortened General Attitude and Belief Scale

Table 3: Physical Health Problem's Correlation with Anger and Irrational Thinking

Physical health problem		IRRATIONALITY	
STAXI	r		r
T-Anger	.31**	Self-downing	0.06
T-Anger/T	.28**	Need for Achievement	-0.01
T-Anger/R	.20*	Need for Approval	0.15
AXO	.23**	Need for Comfort	.24**
AXI	.41**	Demand for fairness	.26**
ACO	-0.13	Other downing	.20*
ACI	-0.1	Total Irrationality	.22**

Note: * $p < .05$ ** $p < .01$ $N = 150$

Index:

T/Anger: Trait Anger; T-Anger/ T: Trait Anger Temperament;

T-Anger/ R: Trait Anger Reaction; AXO: Anger expression-Out

AXI: Anger Expression-In; ACO: Anger Control-Out

ACI: Anger Control-In, STAXI = State Trait Anger Expression Inventory

Table 4: Correlation between Anger and Irrational Thinking

Irrational Thinking	Anger						
	T-Anger	T-Anger/T	T-Anger/R	AXO	AXI	ACO	ACI
Self-downing	.08	.08	.04	.04	.00	-.00	-.02
Need for Achievement	.29**	.12	.39**	.12	.05	-.07	-.04
Need for Approval	.29**	.15 ($p = .06$)	.34**	.17*	.21*	-.07	-.00
Need for Comfort	.27**	.20*	.26**	.23**	.29**	-.28**	-.26**
Demand for fairness	.43**	.27**	.49**	.19*	.32**	-.08	-.09.
Other downing	.32**	.15	.38**	.30**	.29**	-.14	-.07
Total Irrationality	.42**	.25**	.47**	.26**	.29**	-.16*	-.13*

Note: * $p < .05$ ** $p < .01$

$N = 150$ Index: T-Anger: Trait Anger; T-Anger/ T: Trait Anger Temperament; T-Anger/ R: Trait Anger Reaction; AXO: Anger expression-Out; AXI: Anger Expression-In; ACO: Anger Control-Out; ACI: Anger Control-In

Discussion

The objective of the present study was to find out whether anger and irrational thinking influenced minor physical health problems (such as, "inability to get sleep or stay sleep", "headaches and pains in one's head", "indigestion or stomach upset") among married couples in the Indian cultural context. No gender differences were found in anger and irrational thinking (except on "need for comfort" with women scoring higher), so correlation was

calculated by clubbing males and females as one group. The possible reason behind women scoring higher in "need for comfort" (e.g., "I can't stand hassles in my life") could be attributed to the age-old gender role of wives expecting all the comforts of life from the husbands. However, it should be noted that there are more gender similarities than difference in aspects of irrational thinking in the present study. Our finding of no gender difference in anger is opposite to what

Spielberger (1999) reported. So, on the basis of the present and Spielberger's findings it may be noted that gender similarity or difference in the experience and expression of anger can't be generalized. Inclusion of gender-specific role might throw more light in future study.

Anger and minor physical health problems: Higher perception of minor physical health problem during the last three months was significantly correlated with higher trait anger, trait anger/temperament, trait anger/reaction, anger-in, and anger-out. This was expected, as trait anger, anger-in and anger-out are significantly associated with major health problems, such as hypertension (Sharma, 2003) or heart disease (Iqbal & Ahmad, 2004). The present findings support the generalizability of the earlier findings (Abhyankar, Nair, & Ram, 2003) that perception of minor physical health problem is correlated with trait anger, trait anger/reaction, and anger-in.

Irrational thinking and minor physical health problems: It was also found that certain aspects of irrational thinking, that is, need for comfort (such as "It's awful to have hassles in one's life and it is a catastrophe to be hassled"), demand for fairness (such as "I cannot stand being treated unfairly, and I think unfairness is unbearable"), and other downing (such as "I believe that if a person treats me very unfairly they are bad and worthless") were significantly correlated with higher perception of minor physical health problems. This was as expected because irrational beliefs are found to be related to marital conflict in an earlier study (Moller & de Beer, 1998). The present findings lead us to believe that there is some kind of relationship between irrational thinking and minor physical health problems, however; only few components of irrational thinking are significantly contributing to our minor physical health problems. Components of irrational thinking, such as self-downing (e.g., "If important people dislike me, it is because I am

an unlikable bad person"), need for achievement (e.g., "It's awful to do poorly at some important things, and I think it is a catastrophe if I do poorly"), and need for approval (e.g., "It's awful to be disliked by people who are important to me, and it is a catastrophe if they don't like me") are not harmful to the married couples' physical health.

Anger and irrational thinking: The obtained results also show that global irrational thinking is correlated positively with various aspects of anger, that is, trait anger, trait anger/temperament, trait anger /reaction, anger expression-out, anger expression-in but negatively with anger control-out and anger control-in. Many studies conducted in the West have found similar results with respect to trait anger and irrational beliefs. Compare to college students who reported lower anger students with higher level of anger (highly angry students) reported more global irrationality (Lopez & Thurman, 1986). Trait anger was also related to global irrationality among male prison mates (Ford, 1991; Stuckless, Ford, & Vitelli, 1995), community adults and college students (Bernard, 1998), and maritally violent men recruited from spouse abuser treatment groups (Eckhardt & Kassino, 1998). Besides, many aspects of irrational beliefs such as catastrophization, perfectionism, blame-proneness, high need for approval, emotional irresponsibility, low frustration tolerance, helplessness, and anxious over concern were related to trait anger among college students (Hazaleus & Deffenbacher, 1985; Hogg & Deffenbacher, 1986; Mizes, Morgan, & Buder, 1990; Zwemer & Deffenbacher, 1984). The highlight the present study is that quite a lot of components of anger are correlated significantly with many, if not all, components of irrational thinking.

Thus, it can be observed that minor physical health problems are influenced by both anger (frequency of anger experience and anger coping styles) and certain components of

irrationality. However, among the variables studied here anger-in and anger-out are the only two variables that predicted significant amount of the variance of minor physical health problems. In conclusion, the results of this study also appear to have implied relationship between counseling from the Rational Emotive Behavior Therapy (REBT) perspective and marital adjustment in the Indian cultural context. It is suggested that couples will benefit from attending REBT counseling programs to reduce anger, irrational thinking as well as minor physical health problems.

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