

## Anger Disorder in Relation among Gender and Locality

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### ABSTRACT

Anger is a daily experience. It is encountering in a number of interpersonal, family and occupational situations. Anger is a universal and normal aspect of human experiencing, according to National Institute of Mental Health (2006) Anger disorder is the condition is characterized by failure to resist aggressive impulses, resulting in serious assaults, property destruction, or frequent verbal aggression in the form of temper tantrums or tirades. These behaviors comprise threatening to or actually hurting another person and purposefully breaking or damaging an object of value. **Objective:** The present research paper explored to study in level of Anger Disorder in Relation among Gender and Locality. Each participant was presented with Anger Disorder Scale of the Seven Domain of AADS Scale was administered It measures the following dimensions: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain for data collection. **Methodology:** A total of 200 participants (100 male and 100 female) with age range 18 years to 60 years were selected from different district of Chhattisgarh state in India through convenient sampling technique. Statistic and Correlation analysis was used to analysis the data. **Result** showed Anger Disorder in significant and positive inter correlation among Gender and locality.

**Keywords:** Anger Disorder, Gender and Locality.

Anger is a daily experience. It is encountering in a number of interpersonal, family and occupational situations. . Specific anger diagnoses are presented to describe disruptive anger states and traits. Anger is a universal and normal aspect of human experiencing, research over the last two to three decades has shown that anger can also be problematic and dysfunctional (Averill 1983 and Plutchik 1980). Anger is a common, universally experienced emotion, which occurs on a continuum from mild annoyance to rage or fury (Daffenbacher et al., 1996)

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Anger disorder is the condition is characterized by failure to resist aggressive impulses, resulting in serious assaults, property destruction, or frequent verbal aggression in the form of temper tantrums or tirades. These behaviors include threatening to or actually hurting another person and purposefully breaking or damaging an object of value. National Institute of Mental Health (2006). It is known as Intermittent explosive disorder falls in the category of Impulse Control Disorders. It exceeds routine anger. Characterized by violent rages and destruction of property, persons with IED can cause self-injury and harm others (Mary L. King. 2009). A person can also be diagnosed with IED if they have three aggressive outbursts that result in damage to property or physical assault that involves injury within a 12-month period. In general, outbursts last for less than 30 minutes and are impulsive, not premeditated by American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. (2013).

Intermittent explosive disorder involves repeated, sudden episodes of impulsive, aggressive, violent behavior or angry verbal outbursts in which you react grossly out of proportion to the situation. Road rage, domestic abuse, throwing or breaking objects, or other temper tantrums may be signs of intermittent explosive disorder. Mayo Clinic Staff (2015).

Stephen A. Diamond. (2009). Statement shown that describe anger disorders as pathologically aggressive, violent or self-destructive behaviors symptomatic of and driven by an underlying and chronically repressed anger or rage. Anger disorders result primarily from the long-term mismanagement of anger, a process in which normal, existential anger grows insidiously over time into resentment, bitterness, hatred and destructive rage.

General Anger Disorder is with or without Aggression, on the other hand, implies a characteristic pattern of irrational thinking and a negative approach toward others and the world. Because a diverse array of stressors and events trigger anger, the cognitive therapist can often make substantial progress by focusing, not so much on the details of anger-inducing events, but rather on beliefs about others, conflict and frustration, and the world. Individuals with this clinical presentation exhibit a number of distorted processing styles including selective abstraction, arbitrary inference, personalization, magnification, and minimization. Low frustration tolerance is common. McDermut, W., Fuller, J.R., DiGiuseppe, R. et al. (2009).

A review of the literature shows that the behavioral component is to coping mechanisms, which may be positive or destructive, that people use to express anger. The cognitive component reflected the types of negative beliefs, or hostility, that people have about the world and in particular refers to the negative attributions they hold towards others or places. The experience and expression of anger have particularly been explored in anger research. Defined anger as having four distinct components: physiological, affective, behavioral and cognitive. The affective component of anger referred to as anger experience, relates to the strength of emotional responses toward anger provoking situations. Novaco (1975).

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In expressing anger, people or particularly the actors, use particular feeling and expression. Anger is predominant feeling behaviorally, cognitively and physiological action when a person makes the conscious choice to take action to immediately stop the threatening behavior of another outside force (DiGiuseppe & Tafrate, 2006).

Prevalence rate of Intermittent explosive disorder (sometimes abbreviated as IED) is a behavioral disorder *among* a clinical population, a 2005 study found the lifetime prevalence of IED to be 6.3%. Prevalence appears to be higher in *men* than in *women*, American Psychiatric Association. (2013).

National Institute of Mental Health (2006) reported that Intermittent explosive disorder (IED) affects as many as 7.3 percent of adults to 11.5 to 16.0 million Americans to in their lifetimes. A little known mental disorder marked by episodes of unwarranted anger is more common than previously thought. People with IED may attack others and their possessions, causing bodily injury and property damage. Typically beginning in the early teens, the disorder often precedes to and may predispose for to later depression, anxiety and substance abuse disorders.

National Comorbidity Survey Replication, a community survey by the National Institute of Mental Health, put the lifetime incidence in the 5% to 7% range and the current prevalence at 3% to 4%, depending on how the condition was defined. It also found that people with IED were often young and that the majority were male. Harvard Mental Health Letter (2011).

### ***Objective of the Study***

1. To see Anger Disorder in Relation to Gender and Locality
2. To identify the anger disorder of Gender, on the following AADS seven dimensions: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain
3. To identify the anger disorder of Locality, on the following AADS seven dimensions: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain.

### ***Hypotheses***

1. There would exist a significant inter correlation between following AADS seven dimensions: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain and gender.
2. There would exist a significant inter correlation between following AADS seven dimensions: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain and Locality .

## METHODOLOGY

### Sample

The present study elements of the sample were 200 males and females age range of 18to60 years taken from different district of Chhattisgarh in India, were selected randomly.

### Instruments Used in the Study

- 1. Adult Anger Disorder Scale (AADS) Hindi version** by Preeti Pansari and Dr. Prabhavati Shukla. It measures the following seven dimensions: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain. The scale consisted of 68 items each to be rated on the likert five point scale.

### Procedure

The present study was conducted in different district of Chhattisgarh. I have been given information about adult anger disorder scale than Participant's written consent was taken before they were asked to fill the research questionnaires. Participants who given the consent were assured of confidentiality and it was informed to them they right to withdraw from the study at any time when they wanted after participation in research. Nature and procedure of the study were also explained to them. After that they were asked to fill the demographic form for information related to participant's name, age, and education etc and Adult Anger Disorder Scale (AADS) Hindi version for information regarding their Anger. Afterward responses of the participants on the research questionnaires were scored according to the standardized procedure scoring and the results were statistically analyzed.

### Statistical Analysis

Obtained scores were analyzed with Statistical Package for Social Sciences Statistical Package for Social Science (SPSS to 16). Descriptive statistics and correlation were applied.

## RESULTS

In the present study inter correlation of Anger disorder. Obtained responses were analyzed using statistical techniques. The results are given below.

*Table-1: Intercorrelation Matrix for Males (n=100)*

Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Behaviour Domain (BD)	1.00	.710**	.703**	.841**	.726**	.879**	.651**
Cognitive/Thought Domain (C/TD)		1.00	.658**	.690**	.661**	.734**	.644**
Emotional Domain (ED)			1.00	.719**	.544**	.761**	.574**
Impulsiveness Neurological Domain (IND)				1.00	.664**	.817**	.616**
Motive Domain (MD)					1.00	.696**	.588**

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Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Physical/Arousal Domain (P/AD)						1.00	.603**
Provocation Domain							1.00

*\*\*Correlation is significant at the 0.01 level (2tailed)*

Table-1 On the basis of the above result it is concluded that there exist a positive relationship between Anger Disorder among Males and females which means that as one variable goes up or down so will the other one.

A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among Males ( $p < .001$ ).

**Table-2 Intercorrelation Matrix for Female (n=100)**

Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Behaviour Domain (BD)	1.00	.734**	.681**	.752**	.791**	.826**	.655**
Cognitive/Thought Domain (C/TD)		1.00	.692**	.708**	.731**	.735**	.715**
Emotional Domain (ED)			1.00	.638**	.665**	.680**	.548**
Impulsiveness Neurological Domain (IND)				1.00	.678**	.688**	.643**
Motive Domain (MD)					1.00	.764**	.678**
Physical/Arousal Domain (P/AD)						1.00	.634**
Provocation Domain							1.00

*\*\*Correlation is significant at the 0.01 level (2tailed)*

Table-2 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among females ( $p < .001$ ).

**Table-3 Intercorrelation Matrix for Gender = Male, Local = Rural (n=100)**

Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Behaviour Domain (BD)	1.00	.659**	.684**	.837**	.660**	.874**	.627**
Cognitive/Thought Domain (C/TD)		1.00	.688**	.672**	.613**	.718**	.668**
Emotional Domain (ED)			1.00	.654**	.665**	.742**	.514**
Impulsiveness Neurological Domain (IND)				1.00	.635**	.826**	.574**
Motive Domain (MD)					1.00	.679**	.612**

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Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Physical/Arousal Domain (P/AD)						1.00	.638**
Provocation Domain							1.00

*\*\*Correlation is significant at the 0.01 level (2tailed)*

Table-3 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among males locality of rural ( $p < .001$ ).

**Table-4 Intercorrelation Matrix for Gender = Male, Local = Urban (n=100)**

Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Behaviour Domain (BD)	1.00	.772**	.723**	.857**	.800**	.889**	.677**
Cognitive/Thought Domain (C/TD)		1.00	.633**	.726**	.717**	.763**	.632**
Emotional Domain (ED)			1.00	.801**	.403**	.776**	.628**
Impulsiveness Neurological Domain (IND)				1.00	.716**	.836**	.694**
Motive Domain (MD)					1.00	.710**	.563**
Physical/Arousal Domain (P/AD)						1.00	.563**
Provocation Domain							1.00

*\*\*Correlation is significant at the 0.01 level (2tailed)*

Table-4 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among males locality of urban ( $p < .001$ ).

**Table-5 Intercorrelation Matrix for Gender = Female, Local = Rural (n=100)**

Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Behaviour Domain (BD)	1.00	.665**	.754**	.695**	.760**	.797**	.600**
Cognitive/Thought Domain (C/TD)		1.00	.666**	.641**	.743**	.677**	.704**
Emotional Domain (ED)			1.00	.609**	.741**	.736**	.596**
Impulsiveness Neurological Domain (IND)				1.00	.617**	.642**	.646**
Motive Domain (MD)					1.00	.738**	.668**
Physical/Arousal Domain (P/AD)						1.00	.565**
Provocation Domain							1.00

*\*\*Correlation is significant at the 0.01 level (2tailed)*

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Table-5 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among females locality of rural ( $p < .001$ ).

**Table-6 Intercorrelation Matrix for Gender = Female, Local =Urban (n=100)**

Domain of AADS	BD	C/TD	ED	IND	MD	P/AD	PD
Behaviour Domain (BD)	1.00	.802**	.604**	.817**	.846**	.858**	.711**
Cognitive/Thought Domain (C/TD)		1.00	.752**	.781**	.748**	.789**	.723**
Emotional Domain (ED)			1.00	.678**	.560**	.627**	.515**
Impulsiveness Neurological Domain (IND)				1.00	.759**	.733**	.642**
Motive Domain (MD)					1.00	.808**	.709**
Physical/Arousal Domain (P/AD)						1.00	.691**
Provocation Domain							1.00

*\*\*Correlation is significant at the 0.01 level (2tailed)*

Table-6 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among females locality of rural ( $p < .001$ ).

## DISCUSSION

The correlation table shows that a significant positive relationship exist between all the following dimensions of Adult Anger Disorder Scale : Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain and Gender and Locality. This relationship indicates that if score on one dimension increases, the score on the other dimension also increases.

Table-1 On the basis of the above result it is concluded that there exist a positive relationship between Anger Disorder among Males and females which means that as one variable goes up or down so will the other one.

A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a

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significant and positive correlation with individual control in the total sample and between Males ( $p < .001$ ).

The perusals of the inter correlation matrices for males (Table No. 1) indicated that significant relationship emerged between Anger Disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain and gender of males which means that as one variable goes up or down so will the other one.

Table-2 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample of females ( $p < .001$ ).

Table-3 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among males locality of rural ( $p < .001$ ).

Table-4 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among males locality of urban ( $p < .001$ ).

Table-5 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among females locality of rural ( $p < .001$ ).

Table-6 A Total scores of anger disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain were found to have a significant and positive correlation with individual control in the total sample among females locality of urban ( $p < .001$ ).

The perusals of the inter correlation matrices for (Table-1), (Table-2), (Table-3), (Table-4), (Table-5), and (Table-6) indicated that significant relationship emerged among Anger Disorder of following dimension: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal



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Domain and Provocations Domain and gender (male and female) and Locality ( rural and urban) which means that as one variable goes up or down so will the other one.

### CONCLUSION

Thus, the proposed hypothesis which stated that there would be no significant differences in anger disorder of following seven dimensions: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Motives Domain, Emotional Domain, Behaviours Domain, Physical/Arousal Domain and Provocations Domain among male and female and locality of rural and urban. To conclude, the present findings on gender and locality differences in anger disorder and significant and positive relationship inter correlation between Gender and Locality further extend the research literature on significant gender differences with a greater role of gender and locality specific anger management procedure. However, study is not free from limitations and hence restricts its generalization.

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