

## Anger Management in Individuals with Alcohol Dependence Syndrome

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### ABSTRACT

**Background:** Individuals with alcohol dependence syndrome have been reported to show impulsivity in comparison to individuals with no history of alcohol dependence. Due to this impulsivity their psychological well-being is affected negatively. **Aim:** The study aims at improving the capacity to control anger and enhance psychological well-being in patients with alcohol dependence syndrome. **Methodology:** It was a hospital based study. Participants diagnosed as per ICD-10 DCR criteria as Alcohol Dependence Syndrome were selected for the study. By using purposive sampling technique a total of 20 male participants were selected, further participants were divided equally into experimental and control groups. Tools used were Barret Impulsivity Scale and PGI Wellbeing Scale. Therapeutic package included Psycho education about stress, anger and aggression, self-monitoring, relaxation, and cognitive restructuring. **Result:** Obtained result indicates improvement in the group of individual with alcohol dependence syndrome than that of control subjects. They exhibited decreased anger expression. After psychological management they were able to control their impulsivity and showed better psychological well being. **Conclusion:** The study concludes that the individuals with Alcohol Dependence Syndrome were able to manage and control there negative emotions such as anger outburst, impulsivity and psychological well-being after psychotherapeutic management.

**Keywords:** Alcohol Dependence Syndrome, Well Being And Anger Management.

Anger is a natural emotional state which varies in intensity from mild irritation, displeasure, or dislike to intense fury and rage. Anger can be a reaction to criticism, threat, or frustration. Additionally, anger can be a secondary response to the feelings of sadness, loneliness or when frightened. Although anger is a normal human emotion, but when it gets out of control it can become destructive and can negatively affect occupational output as well as personal relationships and also can undermine a person's quality of life.

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Anger management involves skills of recognizing the signs of anger, and taking action to deal with the situation in a positive way. It does not mean holding the anger in or avoiding angry feelings. Anger is a normal, healthy emotion when expressed appropriately. Thus anger management helps a person to identify what triggers the anger and also how to respond for a positive outcome. Researchers such as Zarshenas et al., (2017) and Deffenbacher et al., (2002) found anger management was effective treatment to reduce anger, impulsivity, non-planning and motor impulsivity.

### *Aim*

The study aims at improving the capacity to control anger and enhance psychological well-being in patients with alcohol dependence syndrome.

## **METHODOLOGY**

*The following objectives have been formulated for the present study:*

- To study the efficacy of anger management for controlling anger in patients with alcohol dependence syndrome.
- To study the efficacy of anger management for enhancing the well-being patients with alcohol dependence syndrome.

### *Research Design:*

The present study was pre and post test with control group design.

### *Sample:*

A total of 20 patients diagnosed with alcohol dependence syndrome as per ICD-10, DCR criteria were selected from RINPAS inpatient department for the study. Patients were selected through purposive sampling technique and were divided in experimental and control groups equally. Ten patients with alcohol dependence syndrome were assigned as experimental group and they were given anger management intervention with treatment as usual whereas ten patients of alcohol dependence syndrome were assigned as control group and those were given treatment as usual.

### *Venue:*

The study was conducted at Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS) Kanke, Ranchi.

### *Tools Used*

**Tools used for the purpose of data collection were as under:**

1. Barratt Impulsivity Scale-11 developed by Barratt (1959)
2. PGI General Well-being Measure developed by Verma and Verma (1989)

### *Procedure*

After establishing rapport 10 patients with alcohol dependence syndrome diagnosed as per ICD 10- DCR criteria were included in the study. Patients were selected from the inpatient department of RINPAS. There after patients were divided into experimental and control group equally. Informed consent was obtained. Initially details related to socio demographic and clinical details were collected by using self prepared semi-structured data sheet. After that baseline assessment was done for both the groups by using Barrette Impulsivity Scale and PGI General Wellbeing Measure. Then participants of experimental group were given total 12 sessions of anger management intervention. The sessions focused on educating the participants of experimental group about their illness and Psycho education about stress,

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anger and aggression. The therapeutic package included self-monitoring, relaxation, assertiveness and cognitive restructuring of the participants of the experimental group. These sessions were conducted twice in a week. Post intervention assessment was conducted after 1 ½ months for both the groups on Barrette Impulsivity Scale and PGI General Wellbeing Measure. Keeping ethical view point in mind control group of subjects were also given anger management intervention.

### *Statistical Analysis*

The obtained data was scored by using standard scoring procedure and to analyze the obtained data SPSS-20 was used. Mann-Whitney U test was computed for baseline assessment, pre assessment-post intervention assessment in order to compare experimental and control group of ADS patients.

## RESULT AND DISCUSSION

**Table-1: Comparison of experimental and control group on different domains of Barratt Impulsiveness Scale (1<sup>st</sup> Order)**

Subjects Variables	Experimental Group M <sub>±</sub> SD			Control Group M <sub>±</sub> SD			Mann Whitney			
	Pre	Post	Difference	Pre	Post	Difference	Mean Rank		U value	Z value
							Exp	Cont		
<b>Attention</b>	15.50 ± 0.97	9.50 ± 1.64	6.00 ± 1.33	14.60 ± 1.34	14.10 ± 0.87	0.50 ± 1.43	15.50	5.50	0.00	3.84**
<b>Motor</b>	18.30 ± 2.21	14.70 ± 1.25	3.60 ± 1.95	17.50 ± 0.97	17.40 ± 1.34	0.10 ± 1.10	15.20	5.80	3.00	3.59**
<b>Self-Control</b>	18.00 ± 1.41	10.50 ± 2.12	7.50 ± 1.64	18.30 ± 1.56	17.40 ± 2.31	0.90 ± 1.52	15.40	5.60	1.00	3.59**
<b>Perseverance</b>	7.60 ± 1.34	5.30 ± 1.15	2.30 ± 1.15	9.40 ± 1.50	9.20 ± 0.78	0.20 ± 1.13	14.35	6.65	11.50	3.00**
<b>Cognitive Instability</b>	8.7 ± 1.05	5.70 ± 0.94	3.00 ± 1.15	7.80 ± 1.13	7.90 ± 0.99	0.10 ± 0.73	15.40	5.60	1.00	3.76**

\*\* Significant at  $p < 0.01$

Table 1 show the baseline and post intervention assessment and comparison between experimental and control group of ADS patients on Barratt Impulsiveness Scale (1<sup>st</sup> Order). The study findings suggest that scores of control group on pre and post assessment had been similar, while the scores of experimental group on post assessment had decreased significantly as compared to their pre assessment scores. This finding suggests that participants of experimental group after receiving anger management sessions had been able to control their impulsiveness which was helpful in improving various areas like attention and motor functions. Participants of experimental group had been able to show better self-control, better performance on cognitive complexity. They exhibited decreased perseverance and attained cognitive stability. The obtained findings of the present study have been supported by Thenu and Hemalatha (2009), Saranya and Gayatridevi (2009). They have concluded that the subjects who received self-monitoring, stress management, relaxation, assertiveness and cognitive restructuring showed significantly greater reduction in anger related symptoms. Walitzer et al., (2015) have also witnessed similar results. They have

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observed that after the application of psychological intervention irritability as well as anger related problems were reduced.

**Table-2: Comparison of experimental and control group on different domains of Barratt Impulsiveness Scale (2<sup>nd</sup> Order)**

Subjects Variables	Experimental Group M <sub>±</sub> SD			Control Group M <sub>±</sub> SD			Mann Whitney			
	Pre	Post	Difference	Pre	Post	Difference	Mean Rank		U value	Z value
							Exp	Cont		
<b>Attentional</b>	24.00 ± 1.15	15.10 ± 2.13	8.90 ± 1.44	21.80 ± 1.68	22.20 ± 1.87	0.40 ± 1.34	15.50	5.50	0.00	3.84**
<b>Motor Impulsiveness</b>	26.50 ± 3.13	20.20 ± 2.29	6.30 ± 2.66	26.90 ± 1.52	26.90 ± 1.44	0.00 ± 1.33	15.50	5.50	0.00	3.79**
<b>Non planning Impulsiveness</b>	30.50 ± 1.84	21.40 ± 2.59	9.10 ± 1.85	30.60 ± 2.17	29.50 ± 1.95	1.10 ± 1.37	15.50	5.50	0.00	3.81**

\*\* Significant at  $p < 0.01$ ,

Table 2 show the baseline and post intervention assessment and comparison between experimental and control group of ADS patients on Barratt Impulsiveness Scale (2<sup>nd</sup> Order). The findings of the present study suggest significant improvement after the anger management sessions on all domains such as attentional, motor impulsiveness and non planning impulsiveness. Scores of control group on pre and post intervention assessment had been similar, while the scores of experimental group on post intervention assessment had decreased significantly in comparison to their scores on pre assessment. This suggests that participants of experimental group after receiving anger management sessions had been able to control their impulsiveness in various areas like attentional, motor impulsiveness and non-planning impulsiveness. The obtained findings of the present study have been supported by Thenu and Hemalatha (2009), Deffenbacher and Stark (1992) and Deffenbacher et al., (2002). They have concluded that the study subjects who received psychological treatment showed significantly greater reduction in anger related symptoms of irritability, motor impulsivity and non planning impulsivity in compare to control group. Moreover, the studies conducted by Zarshenas et al., (2017) also support the present study findings.

**Table-3: Comparison of experimental and control group on PGI General Well being Measure (PGI-GWBM)**

Subjects Variable	Experimental Group M <sub>±</sub> SD			Control Group M <sub>±</sub> SD			Mann Whitney			
	Pre	Post	Difference Pre-Post	Pre	Post	Difference Pre-Post	Mean Rank		U value	Z value
							Exp	Cont		
<b>PGI-GWBM</b>	9.20 ± 1.87	15.30 ± 1.70	6.10 ± 2.42	8.10 ± 1.10	7.20 ± 0.91	0.90 ± 0.99	5.50	15.50	0.00	3.80**

\*\* Significant at  $p < 0.01$

Table 3 indicate the baseline-post intervention difference assessment and comparison between experimental and control group of ADS patients on PGI General Wellbeing

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Measure. The Mann Whitney U test shows that significant improvement was found on PGI-General well being measure score after the anger management training. The findings suggest that participants of experimental and control group had scored similar on PGI GWBM on baseline assessment. The score of post intervention assessment suggest that experimental group had an improved general well-being of not easily tired, feeling productive, creative at work, feeling cheerful most of the time and sleeping fairly well after the anger management training in comparison to control group. Finding of the study have been supported by Suchitra and Hemalatha (2006). They reported that anger management training is more effective treatment for enhancing the general well being with substance disorder. Chandrika and Gayatri Devi (2010) have also observed similar finding. They have concluded that anger management with treatment as usual was more efficacious when compared to treatment as usual in cases of alcohol dependence patients.

### CONCLUSION

The findings of the present study indicates improvement in the alcohol dependence syndrome patients of experimental group to manage well and control their negative emotions such as anger outburst, impulsivity along with enhanced psychological well-being than that of control subjects. Thus, it can be stated that, anger in itself is not the problem. The problem is how we manage and express our anger. The findings of the present study further suggest that, anger management program when conducted in a group provides ample opportunity to the participants for rehearsal as well as practicing the techniques. As a result they gradually developed a better understanding of the signs of anger, a better control over self along with their impulsive behavior. Thus, facilitating the participants to work efficiently in their personal, social and occupational life.

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