



Exploring the Relationship between Anger and Psychological well-being: A Gender-based perspective

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ABSTRACT

Anger is a basic human emotion experienced by everyone. It is a natural response to situations where an individual feels threatened or unfairly treated. While anger is seen as a negative emotion, it is not always bad as it serves an important purpose in an individual's life by protecting them, and bringing a positive change. However, when anger is not managed properly it can cause psychological distress to the individual experiencing it and to people around them. In today's world the way people experience and express anger has changed significantly which impacts overall psychological well-being of an individual. The current study analysis the impact of anger on psychological well-being. Though anger is not a single predictor of overall being of an individual, it plays a major role especially in this fast-paced world. A sample of 200 university students aged between 18-25 were taken (100 males and 100 females). Gender differences were also analysed. The study revealed negative correlation between anger and psychological well-being. As the anger

increases, psychological well-being decreases. There were no significant gender differences seen in the level of anger and psychological well-being among males and females. The findings emphasize importance of anger management and awareness of the present while expressing anger irrespective of gender.

Keywords: *Anger, Psychological well-being, Gender differences, University students*

INTRODUCTION

“Anger is an acid which can do more harm to the vessel in which it is stored than to anything on which it is poured.”

~Mark Twain

Emotions are natural and fascinating aspect of human behaviour. Emotions are subjective and differ from one individual to other. According to authors of ‘Discovering Psychology’ Hockenbury & Hockenbury (2006) emotions are complex psychological states that involves three distinct components: a subjective experience, a physiological response and a behavioural or expressive response. Component of subjective experiences states that regardless of individuals backgrounds, culture, or external stimulus there are some universal emotions experienced by all, anger being one of them. While one can broadly label emotions as happiness, sadness, anger, or grief we tend to experience a mix of two or more emotions at once rather than a pure form of each emotion. Physiological responses or reactions are regulated by autonomic nervous system which are felt while experiencing emotions. Behavioural response is the final component which perhaps is the actual external expression of emotion. There are extensive studies on emotions which reflect on the fact that behaviour is determined by emotions. Psychologists Ekman (1972) suggests that there are six basic emotions universal throughout human cultures: fear, disgust, anger, surprise,

joy, sadness. Plutchik (1980) introduced emotion classification system referred to as ‘wheel of emotions.’ Regulation of emotions are crucial to an individual’s being.

Anger

The American Psychological Association (APA) defines anger as “an emotion that involves antagonism towards someone or something that is perceived to have wronged you”.

Anger is a complex emotion which have both positive and negative effects on a person’s life. Hendricks et al. (2013) conducted a study on effects of anger on the brain and body. Anger has both advantages and disadvantages to the brain and body. Findings suggested that over expression and suppressing anger can negatively affect physical health. Anger makes our heart rate and blood pressure rise than the normal range. It increases the risk of heart strokes. Anger not only affects body but brain too which in turn causes psychological distress.

Traditional studies underline the role of autonomic nervous system in regulation of anger but recent studies have highlighted the role of amygdala which is responsible for processing emotions. According to neurologist’s amygdala is a tiny almond structure that is responsible for all that is emotion, largely anger, fear, pleasure and anxiety. When a person experiences anger, body releases cortisol and adrenaline hormone which give instant boost of energy and strength. Human body is not designed to withstand high tiers of cortisol and adrenaline for long term or at regular intervals which can lead to major psychological problems. In this fast-growing world the way people experience and expresses anger has changed drastically. It is a necessity to understand anger better and its effect on well-being of an individual. Management of anger is important especially in today’s generation which is exposed to drastic lifestyle changes and digital devices.

Psychological well- being

Ryff (1989) defined psychological well-being as a multi-dimensional model, emphasizing six key factors as: Self-acceptance, Personal growth, Purpose in life Environmental mastery, Autonomy and Positive relations with others. Since then, there have been advances in the study of psychological well-being and the understanding of the psychological well-being has changed. Psychological well-being (PWB) is specific evaluation of mental health like positive affect, self-esteem, etc. It is a state of mind where an individual can work productively, cope with stress of life and lead a happy, flourishing life. A healthy person is someone who is physically and mentally fit. A person's overall health is defined by its mental and physical well-being and not just by one factor individually. There is a close association between mental health and physical health.

Ohrnberger et al. (2017) conducted a study on relationship between physical and mental health. Findings revealed a string link between mental and physical health and their pathways from one another. They analysed data of 10,693 individuals from period of 2002-2012. It showed significant direct and indirect affect for both forms of health with physical activities, the largest contributor to the indirect effects. Paper underscores males and older population being affected the most. There are enough evidences to support the study and relationship between mental and physical health.

The question is why physical and mental health is relevant to the study of anger and psychological well-being. It is because when an individual experience anger there are physiological responses in the body in turn affecting our brain function and behaviour. Researches have shown people with high level of psychological well-being manages anger better

than those compared to lower. This means that there is an interplay between both the factors. Anger affects psychological well-being and vice versa.

Anger and psychological well-being across genders

There are not enough recent studies directly targeting the relationship between anger and psychological well-being. Anger being the key issue currently has caused major problems with the generation today. We hear several news articles on how anger outburst has turned into crimes and psychological issues in children. Hence, the need to explore this relationship today is most relevant. Additionally, gender differences may influence their relationship. Social norms and culture often dictate how men and women behave and express their anger leading to impact on psychological well-being. For instance, men are subjective to express their anger more outwardly. Whereas, women may suppress their anger which can cause distinct psychological effects in them. These differences underscore the importance of exploring how anger effects the well-being of men and women.

Dhasmana et al. (2018) conducted a study on anger and psychological well-being, a correlational study among working adults in Uttarakhand, India. Data of 210 working adults were collected. The result showed negative correlation between the variables. The study concluded as the anger increases, psychological well-being decreases.

Suman (2016) conducted a study on anger expression: a study on gender differences. Data of 50 subjects were taken, 25 males and 25 females to analyse the gender differences in anger expression. Study revealed trait and state anger does not differ in gender but expression of anger is gender specific.

Purpose

Purpose of the current study is to explore level of anger and psychological well-being in university students, examine gender differences and analyse relationship between anger and psychological well-being.

Hypothesis

H1: There will be significant gender differences in the level of anger.

H2: There will be significant gender differences in the level of psychological well-being.

H3: There will be negative correlation between anger and psychological well-being.

METHOD

Sample

- **Sample Population:** The population for this study comprised of 100 male and 100 female university students belonging to age group of 18 to 25 years, from different universities.
- **Sample Selection Criteria:** Sample is selected on the basis of inclusion and exclusion criteria.

INCLUSION CRITERIA

- a) Male and female UG and PG students in various courses of different universities.
- b) Age group from 18 to 25 year.

EXCLUSION CRITERIA:

- a) Excluded married students.

- b) Any student undergoing treatment for any physical or mental health problem was excluded.
- c) Excluded working and part time students.

Sample

A sample of 200 students were used in the present study. Students from different universities from different stream like B. tech, MBA, MA, nursing, psychology, MBBS, LLB, BPT, architecture, finance, etc were taken.

Sample Profile

Sample profile revealed the different demographical characteristics of selected sample (N=200), which is described below in table 1.

TABLE 1: *Sample profile based on demographic characteristics*

Gender	Frequency	Percentage%
Male	100	50.00
Female	100	50.00

Variables

Independent and dependent variables of the present research are described below:

- ***Independent variables***

Anger

- ***Dependent variables***

Psychological well-being

Measures

Clinical Anger Scale (CAS): Clinical Anger Scale (Snell et al., 1995) was designed to measure clinical anger. The questionnaire has 21 items with 4 choices as 0,1,2 and 3. The tool categorized the anger score as follows: Minimal clinical anger (0–13), Mild clinical anger (14–19), Moderate clinical anger (20–28), and Severe clinical anger (29–63).

General Health Questionnaire-12 (GHQ-12): General health questionnaire-12 (Goldberg, 1972) was used to assess psychological well-being. The GHQ-12 is frequently used to assess mental health and psychological distress. It has 12 items with 4 choices as 0,1,2 and 3. It consists of 4 subscales which are described below in table 2. GHQ-12 scores are interpreted as more the scores poorer the psychological well-being.

TABLE 2: *General Health Questionnaire-12 Subscales*

Subscales	Question Range	Minimum Score	Maximum score
General Health (GHQ-1)	1-3	0	3
Social Dysfunction (GHQ-2)	4-6	0	3
Anxiety and Insomnia (GHQ-3)	7-9	0	3
Severe Depression (GHQ-4)	10-12	0	3

Procedure

After selection of tools for measuring the anger and psychological well-being, the data was collected using google form on a sample of 200 male and female university students, selected on the basis of purposive sampling. After taking the informed consent, instructions were given to all the participants. Every query was addressed through the contact information provided by the researcher. Participants were thanked for their time.

RESULT

TABLE 3: *Showing descriptive statistics of subjects on clinical anger scale and (CAS) general health questionnaire (GHQ)*

	CAS	GHQ-1	GHQ-2	GHQ-3	GHQ-4
N	200	200	200	200	200
Mean	22.85	4.02	4.19	4.58	4.21
Standard Deviation	12.183	2.227	2.262	2.346	2.387

Table 3 depicts Descriptive statistics of mean and standard deviation of Clinical Anger Scale (CAS) and four domains of General Health Questionnaire-12(GHQ-12). The mean score of the sample on clinical anger scale (CAS) is 22.85 with standard deviation score of 12.183. Mean score on GHQT-1 (General Health) is 4.02 with standard deviation score of 2.227, mean score on GHQT-2 (Social Dysfunction) is 4.19 with standard deviation score of 2.262, mean score on GHQT-3 (Anxiety and Insomnia) is 4.58 with standard deviation score of 2.346, and mean score on GHQT-4 (Severe Depression) is 4.21 with standard deviation score of 2.387.

TABLE 4: *Showing summary for t-Test on gender for CAS and GHQT*

	Gender	N	Mean	SD	t	Sig. (2-tailed)
CAS	Male	100	22.36	13.035	-0.568	0.571
	Female	100	23.34	11.312		
GHQ-1	Male	100	4.39	2.407	2.344	0.020
	Female	100	3.66	1.976		
GHQ-2	Male	100	4.48	2.355	1.856	0.065
	Female	100	3.89	2.136		
GHQ-3	Male	100	4.90	2.580	1.974	0.050
	Female	100	4.25	2.047		
GHQ-4	Male	100	4.50	2.592	1.697	0.091
	Female	100	3.93	2.138		

Result table 4 interprets the t- test (independent) analysis for gender on measure of clinical anger scale (CAS). The result revealed that there was no significant difference between males (M=22.36, SD=13.035) and females (M=23.34, SD=11.312) in clinical anger scale (CAS) scores, $t(198) = -0.568$, $p = 0.571$. Hence, hypothesis (H1) has been rejected.

Result table 4 interprets the t- test (independent) analysis for gender on measure of General health questionnaire-12 (GHQ-12) sub scales. For GHQ-1 (General health), result indicates significant difference between males (M=4.39, SD=2.407) and females (M=3.66, SD=1.976) scores, $t(198) = 2.344$, $p = 0.020$. For GHQ-2 (Social dysfunction), no significant differences were found, $t(198) = 1.856$, $p = 0.065$, between males (M=4.48, SD=2.355) and females (M=3.89, SD=2.136). For GHQ-3 (Anxiety/Insomnia), a borderline significant difference was observed, $t(198) = 1.974$, $p = 0.050$ between males (M=4.90, SD=2.580) and females (M=4.25, SD=2.592). Finally, for GHQ-4 (Severe Depression), no significant differences were found, $t(198) = 1.697$,

$p=0.091$, between males ($M=4.50$, $SD=2.592$) and females ($M=3.93$, $SD=2.138$). Hence, hypothesis (H2) has been accepted.

TABLE 5: *Showing Correlation between Clinical anger scale (CAS) and General health questionnaire (GHQ) subscales*

Variable	CAS	GHQ-1	GHQ-2	GHQ-3	GHQ-4
CAS	1	0.363**	0.366**	0.368**	0.372**
GHQ-1	0.363**	1			
GHQ-2	0.366**		1		
GHQ-3	0.368**			1	
GHQ-4	0.372**				1

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Result table 5 depicts the correlation between clinical anger scale (CAS) and general health questionnaire (GHQ- 12) subscales. There were four domains in the questionnaire which were, General health (GHQ1), Social dysfunction (GHQ2), Anxiety/Insomnia (GHQ3) and Severe depression (GHQ4).

Findings depicts positive correlation between CAS and GHQ-1 ($r = 0.363$, $p = <0.001$). Similarly, a significant positive correlation was found between CAS and GHQ-2 ($r = 0.366$, $p = <0.001$), CAS and GHQ-3 ($r = 0.368$, $p = <0.001$), and CAS and GHQ-4 ($r = 0.372$, $p = <0.001$). This means as the anger scores increases, psychological well-being scores also increases. More the psychological well-being score, poorer is the psychological well-being. This positive relationship shows negative correlation. As, the anger increases, social dysfunction, anxiety, insomnia, depression and overall general health decreases hence, hypothesis (H3) has been accepted.

DISCUSSION***Gender Difference on Anger and Psychological well-being******Anger***

There were no significant differences in the clinical anger scores between males and females $t(198) = -0.568, p = 0.571$. Males had a mean score of 22.36 (SD = 13.04), and females had a mean score of 23.34 (SD = 11.31), suggesting that gender does not play a significant role in clinical anger.

Psychological well-being

For analysis of psychological well-being, General health questionnaire-12 (GHQ-12) was used. It evaluates the psychological well-being across 4 domains, which are: General health (GHQ-1), Social dysfunction (GHQ-2), Anxiety/Insomnia (GHQ-3) and Severe depression (GHQ-4). It concluded that there were significant gender differences seen across GHQ1, $t(198) = 2.344, p = 0.020$ where males scored higher ($M = 4.39, SD = 2.407$) than females ($M = 3.66, SD = 1.976$) showing that anger affects general health of males more than females. Similarly, marginally significant gender differences were seen in GHQ3, $t(198) = 1.974, p = 0.050$ where males scored slightly higher ($M = 4.90, SD = 2.58$) than females ($M = 4.25, SD = 2.05$). Hence, males are slightly more likely to experience anxiety and insomnia than females. GHQ2 and GHQ4 has no significant gender differences.

Correlation of Anger and Psychological well-being

The results of the present study have also extended to find out the correlation of anger and psychological well-being. Finding indicated that anger was negatively correlated to psychological well-being. As the level of anger increases, psychological well-being increases. The anger score

increases, GHQ scores also increase. The more the GHQ score, poorer is the psychological well-being. This positive relationship shows negative correlation. Hence, if the anger increases, the psychological well-being decreases. The study underscores the increase of social dysfunction, anxiety, insomnia, and depression with increase in anger in turn, overall health gets affected.

CONCLUSION

The present study thoroughly studied effects of anger on psychological well-being along with gender differences. The research confirms that anger is negatively correlated to psychological well-being. As, the anger increases, psychological well-being decreases. Gender differences were also analysed which showed that males and females does not significantly differ in anger but in psychological well-being. Subdomains of psychological well-being scale were considered which were: General health, social dysfunction, Anxiety/Insomnia and Severe depression. The detailed examination showed that males scored more in general health and slightly higher in anxiety and insomnia, which means that males are likely to experience more anxiety/ insomnia and effects on general health than females. Whereas, social dysfunction and severe depression does not have gender differences. The findings contribute to deeper understanding of anger and psychological well-being among genders. Further, the present study findings were found to be consistent with the Dhasmana et al. (2018) who concluded that anger and psychological well-being are negatively correlated.

It is to be noted that though anger plays a significant role in psychological well-being of an individual, there are other factors that play a role in psychological well-being too and hence other factors not accounted in the research need to be evaluated for future understanding.

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