

Anger Management Skills Training: A Suitable Strategy to Improve Women's General Health

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Abstract

One of the main factors affecting general health especially in women is anger which its control and management can not only improve family health but also general health of community can be improved. This study aimed to assess the effectiveness of training anger control skills on housewives public health referring to the consultation centers of district 4 of Tehran. The present study was a semi-experimental study that was randomly performed on 64 housewives referring to the consultation centers of district 4 of Tehran patients. The clients were divided randomly into two experimental and control groups. To collect data, the Eysenck personality questionnaire, General Health Questionnaire (GHQ), was used. After random selection of experimental and control groups, firstly the pre-test was conducted on two groups and after the intervention (anger control training), it was presented in 90-minute 8 sessions and after completing the training program, the post-test was performed on both groups. The data were analyzed using analysis of covariance. At first, the two groups were no differences in general health scores. General health mean in the group after the test was different. So that anger management training was effective on general health of intervention group after the training. Based on the results, anger control training affected on three areas of anxiety, depression and social performance ($p < 0.05$). Based on the results, anger control training affected on public health and its components. It is recommended to hold anger management programs and sessions for women who referred to consultation centers and health centers.

Keywords: Eysenck, anger control, general health, GHQ

Introduction:

Today, due to the changing patterns affecting health and disease, identifying the factors that influence the physical, psychological and social health (general health) are very important. The family is the foundation of society and to provide a healthy society it is necessary to ensure the health of the family. Women as managers of homes are primary responsible for upbringing and development of children and the comforting role. Clinical experiments show that thoughts of parents, how to deal with problems, stress, all have noticeable effects on the relations of parent-child and appearing emotional and behavioral complications (Duman & Margolin, 2007; Helms-Erikson, Tanner, Crouter, & McHale, 2000; Nelson, O'Brien, Blankson, Calkins, & Keane, 2009). One of the main factors affecting public health especially in women is anger and we can improve the general health by its control and management. The weakness and shortcoming in anger management go beyond personal pique and destruction of interpersonal relations and is linked to general health disorder and adverse outcomes of aggressive behavior (Sands, Elsom, Gerdts, & Khaw, 2012). In the centers of medical services and consultation centers, anger management has become an important issue and a large group of researchers and consultants studied and assessed anger control and how it affects the health of people. Women's health is essential in family health and at the same time emotional behaviors such as anger cannot be avoided and in any case, anger is perfectly a natural behavior and like other emotions and feelings is a sign of health, health, and human emotions (Taghiloo, 2005). Anger has an important role in interpersonal and social behaviors of individuals. Anger is the oldest level of excitement that is necessary for humans.

Therefore, anger on the one hand is appeared as a destructive factor and on the other hand, it is a factor that humans and animals need to survive. Such an attitude makes people do not consider it as a nuisance and waste in their lives and adjust their views on it. But it is not all characteristics of anger. Because today it has become clear that anger is associated with health outcomes and psychologists know it as principal factor of depression, aggression and criminal and anti-social behavior (Adshead, Fonagy, & Sarkar, 2007; Anshel & Seipel, 2007; McCollister, French, & Fang, 2010; Messner, 1988; Rueve & Welton, 2008; Stuart, 2003). Although anger is a human instincts that is important for survival and health, but when aggressive behaviors are increased, the relationship between individual and the environment, and even himself/herself will be deviated from the right path. According to what was told, avoiding aggression seems almost impossible, so for the people to act effectively in different situations it is necessary to learn how to control anger to prevent more complex issues (Alia-Klein et al., 2009; Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012; Varghese, Rajeev, Norrish, & Khusaiby, 2010).

Children whose parents have experienced marital violence and aggression are sensitive against conflicts and they will use more aggressive methods to deal with these conflicts (Hoven et al., 2009). Many parents try to control their children in dealing with different issues and in doing so family environment often are full of anger. When this happens, parents become frustrated and often they are out of control (Cumplings, Kourous, & Papp, 2007; Deb & Modak, 2010).

Emotions control in women has specific physiological nuances because women experience monthly hormonal changes at age range of pregnancy (Fassino, Pierò, Boggio, Piccioni, & Garzaro, 2002; Smith & Thomas, 1996). On the other hand increasing women's employment increases the likelihood of

exposure to emotional relationships, resulting in anger because of problems in their workplaces (De Dreu & Weingart, 2003; Tjosvold & Su, 2007).

Anger management leads to not only mental health in healthy individuals but it is effective in social anxiety disorder patients. Understanding the relationship between social anxiety and anger can be a way to improve outcomes in this population. Based on this research, deep thinking is effective entirely on the link between social anxiety and anger, and to some extent in expressing anger externally (Trew & Alden, 2009). The results of the research done by Estlander and colleagues showed that in patients with higher pain intensity, the relationship between anger management, avoiding anger and depression was very strong (Estlander, Knaster, Karlsson, Kaprio, & Kalso, 2008). Given the above and to enhance public health and prevent psycho-social trauma, anger control training is necessary to enable persons especially women. Therefore, the present research was carried out to evaluate the effect of anger control training on women's general health.

Research methodology

This study was semi-experimental study (Gibbons & Herman, 1997) conducted on 187 housewives as statistical population who referred to consultation centers of district 4 the past year and Eysenck questionnaire (Eysenck & Eysenck, 1972) was completed. The sample size of the research was calculated according to the Krejcie and Morgan equation based on CI: 0.1, CL: 95% (Krejcie & Morgan, 1970) and 64 clients participated in the study and they were randomly divided into two experimental and control groups. Public health of both groups was studied using the Goldberg and Hiller general health questionnaire (Goldberg & Hillier, 1979). Eysenck aggression questionnaire has three-item 30 questions. According to the questionnaires those who earn high score show aggression in direct and indirect ways, such as bad temper, fighting, harsh discussions and ironic remarks. They do not agree with someone and they force themselves to answer them and if someone exceeds his/her rights they consider him/her certainly. Persons with a low score in this criterion are quiet and well-mannered, avoid personal encounters and avoid violence physically or indirectly the Eysenck questionnaire which has been prepared and compiled for clinical and experimental works was studied on more than 12,000 men, women and children, normal people, nervous people, psychopaths and criminals in various research and its validity has been approved in the Persian versions (Sato, 2005; Wilson & Doolabh, 1992, Ekhtiari et al 2008, Kaviani, Pournaseh and Mousavi, 2005, Nadermohammadi Moghaddam, 1998).

General Health Questionnaire (GHQ: 28) is invented by Goldberg and Hillier (1979) and is designed to detect and identify mental disorders in different centers and environments. The questions of the questionnaires which assess the mental health of the person in the last month, includes symptoms such as abnormal thoughts and feelings and perspectives of behavior. Therefore, the questions focus on the position of "here and now" (Palahang and Yaghoubi, 1995, quoted by Rahimi, 2008). The questionnaire included 28 questions that is a general area including general health and four subscales including depression, anxiety, physical factors and social function (Goldberg & Hillier, 1979). Reliability and validity of the questionnaire have been approved for many years by the previous studies in Iran and abroad (Goldberg & Hillier, 1979; Jackson, 2006; Lobo, Pérez-Echeverría, & Artal, 1986; Nagyova et al., 2000; Willmott, Boardman, Henshaw, & Jones, 2004; Rafieinia, Rasoulzadeh Tabatabaei and Azadeh

Fallah, 2006; Mohammad Amini, 2007). In this research, the 28-article form of general health questionnaire and according to the scoring different methods, Likert simple method was used to score. For summing up the scores, zero to never, 1 to in usual level, 2 to more than usual, and 3 to very more than usual is awarded. In any scale, from score 6 and totally 22 indicates signs of disease.

After obtaining the necessary licensees, 20 centers out of 329 of consultation centers were randomly selected from district 4 of Tehran. Out of 187 women referred to the center, after presenting and describing Eysenck questionnaires, the test was performed and 64 people with minimum point were selected to be studied. The questionnaire of basic social data such as age, education and employment status was completed and in order to eliminate the effect of these factors on research projects, the individuals selected randomly were divided into two experimental and control groups based on the relative similarity of age group, educational level and employment and then 1.5-hour weekly sessions (eight times) was held for the experimental group. After the consultation sessions, the General Health Questionnaire was completed for the experimental and control groups. The therapeutic sessions program including eight sessions was planned.

Therapeutic sessions program

First session: Introduction of the group and members, familiarity with working methods and sessions structure, assessing the expectations of the training program

Second session: improved self-awareness, emphasizing on the importance of anger control training

Third session: Identification of anger and expectations of women from anger control, showing anger control on the individual emotions and behavior

Fourth session: Listening skills education

Fifth session Talking skills education

Sixth session: Evaluation of problem solving skills, problem solving skills training and exercise, homework at home

Seventh session: Role playing, learning how to deal with anger, homework at home

Eighth Session: Summing up and responding to questions and completing the General Health Questionnaire

Data Analysis Method

Data analysis of the present research was conducted in two parts: descriptive and inferential statistics. In the descriptive statistics, tables, mean frequency distribution and variance are discussed. In the inferential statistics, data analysis was done using analysis of covariance to test hypotheses of research in SPSS software environment.

Research Findings

The mean of age, education and employment status of participants in both control and experimental groups are shown in Table 1. As it can be seen, there is not a significant difference between the two groups in these variables. Based on the results of Table 2, the general health status of the control group showed no significant difference at the beginning and the end of the study ($p>0.05$). The level of physical function in the experimental group showed no significant difference but variables of social function, depression and anxiety in the control group showed significantly different ($p>0.05$) and reducing scores indicate improvement of participants condition in the training sessions.

F Levene test was used to examine the homogeneity assumption of variance and all homogeneity of the groups variance was conformed in all cases so covariance analysis was done ($p=0.579$, $F=0.314$). The study of the effect of anger management training on women's general health are shown in Table 3. As the data in Table 3 shows, the calculated F 20.14 that is larger than table F (7.64). It could be argued with 0.99 of confidence that anger management training courses affected women's general health.

Table 4 shows the effect of anger control training on reducing women's anxiety. As it can be seen the calculated F is 5.78 that is larger than table F (4.20) with degree of freedom 1 and significance level 0.05. Therefore, the null hypothesis that there is no rejection difference and contrary assumption is accepted. It could be argued with 0.95 of confidence that the anger control training course affected reducing women's anxiety.

Table 1: The frequency of individual-social variables of participants in the research

Variable		Control	Experimental	P
Age (Year)		38.44±7.7	39.81±9.12	>0.05
Education	(%) non-academic	45.8	44.1	>0.05
	(%) academic	54.2	55.9	>0.05
Employment	(%) housewife	39.1	37.3	>0.05
Status	(%) employed	60.09	62.7	>0.05

Table 2: Comparison of general health status before and after the research in two control and experimental groups

variable	Control			Experimental		
	Pre-test	Post-test	P	Pre-test	Post-test	P
Physical function	7±1.65	5.76±1.34	>0.05	6.5±0.94	6.07±1.2	>0.05
Social function	7.23±1.43	6.64±1.72	>0.05	6.14±1.4	4.35±2.06	<0.05
Depression	3.23±3.59	3.34±3.88	>0.05	3.21±2.86	1.7±2.49	<0.05
Anxiety	71.3±7.47	6.11±3.19	>0.05	8.78±4.96	4.07±2.23	<0.05
Physical health	94.24±3.7	22.41±6.16	>0.05	24.64±5.98	16.21±4.13	<0.05

Table 3: The results of the analysis of covariance test of the effect of anger control training on increasing women's general health

Source	Total squares	Degree of freedom	Average squares	F	P
Experimental action	278.5	1	278.5	20.14	0.000
Error	378.1	58	13.8	-	-
Total	13050	64	-	-	-

Table 4: The results of the analysis of covariance test of the effect of anger control training on reducing women's anxiety

Source	Total squares	Degree of freedom	Average squares	F	P
Experimental action	41.33	1	41.33	5.78	0.023
Error	200.21	58	7.14	-	-
Total	1097	64	-	-	-

Table 5 shows the impact of anger management training on reducing women's depression. The information in the table shows that the calculated F is 6.16 that is larger than table F (4.20) with degrees of freedom 1 and 58 and significance level 0.05. Therefore, the null hypothesis that there is no rejection difference and contrary assumption is accepted. It could be argued with 0.95 of confidence that the anger control training courses affected reducing women's depression.

Table 6 shows the impact of anger control training on improving women's social performance. The information in the table shows that the calculated F is 6.37 that is larger than table F (4.20) with degrees of freedom 1 and 58 and significance level 0.05. Therefore, the null hypothesis that there is no rejection difference and contrary assumption is accepted. It could be argued with 0.95 of confidence that the anger control training course affected increasing women's social performance.

Table 5: The results of the analysis of covariance of the effect of anger control training on reducing women's depression

Source	Total squares	Degree of freedom	Average squares	F	P
Experimental action	35.5	1	35.5	6.16	0.019
Error	161.37	58	5.76	-	-
Total	680	64	-	-	-

Table 6: The results of the analysis of covariance tests of the effect of anger control training on increasing women's social performance

Source	Total squares	Degree of freedom	Total squares	F	P
Experimental action	20.06	1	20.06	6.37	0.018
Error	88.09	58	3.14	-	-
Total	1120	64	-	-	-

Discussion:

Due to the similarity of background variables such as age, education and employment, in this research we examined the effect of therapeutic sessions without affecting the above factors. This increased accuracy in the final conclusion of this research. As the findings of this research have shown, participation in the anger control training course could have a positive impact on women's general health significantly. The results of the research are in line with similar studies. Tang in 2001 in a research on 64 women showed the effectiveness of anger control training (Tang, 2001). The Sun and Choi in 2010 conducted a research on 63 alcoholic people referred to hospital showed positive effect of anger control training classes even in these types of patients (Son & Choi, 2010). A recent research also done by McMaine and colleagues on 180 volunteers showed that the effect of anger control training sessions has a positive and significant effect on people health (McMain, Guimond, Streiner, Cardish, & Links, 2012).

Anger control training showed a similar effect not only on women but also on men as Navidi showed that in a research in 2006 on boys and Sahebzamani et al in a research in 2012 on university students (Sahebzamani, Farahani, & Feizi, 2012). In another similar study Nickel and collaborate on 22 students showed a positive effect of anger control training on people's health improvement (Nickel et al., 2005). Totally, the results of this research and similar research are evidence on effective educational-therapeutic intervention and skills training in the field of developed anger management and reduction of disorder symptoms on public health of participants.

According to the present study, training sessions played an important role on reduced anxiety and the results are in line with the research done by Ali et al in 2003. In the research, training sessions include 366 Pakistani women suffering from anxiety from 1226 people of statistical population showed a positive effect on reduction anxiety (Ali et al., 2003). Also, Thomas in a research in 1998 on anger control training in nurses showed that cognitive restructuring by mentally facing with anger-provoking situations is effective for the treatment of anger and anxiety among nurses which may be a reason for the encounter of difficult conditions of people in decision-making positions. In addition, self-control training may low people anxiety and improve relaxation of people (Thomas, 1998). In another study by Thomas in 1997 on 461 anxious people, similar results regarding anger control and anxiety reduction obtained (Thomas, 1997). Ansari and colleagues in a research in 2008 on the girl students, showed the effectiveness (Ansari, Borjali, Ahadi and Hosseini Almadani, 2008).

Anger control training sessions in this research showed that there is a significant and positive influence on reducing women's depression under training. The obtained results are similar to the results of other research in this field. For example, Kuhn and colleagues in 2003 in a research on 169 people studied positive effect of anger control training sessions on reducing both anger and depression (Coon, Thompson, Steffen, Sorocco, & Gallagher-Thompson, 2003). Koh and Park in 2008 showed the positive effects of anger control sessions on reducing depression of 73 patients suffering from depressive disorders (Koh, Kim, Kim, Park, & Han, 2008).

Based on the results of this research, the anger control training course could affect increasing social performance of participants in the training sessions. Undoubtedly, reducing depression, anxiety and anger of people have a direct effect on their behavior in society their social function and this applies to all ages and is almost same in both sexes that is shown by many researchers over the years (Bellack, Hersen, & Himmelhoch, 2008; Custer & Wassink, 1991; Pereira-Lima & Loureiro, 2014; Segrin, Hanzal, Donnerstein, Taylor, & Domschke, 2007; Spirito, Hart, Overholser, & Halverson, 1990).

People who have good social support systems, are less anxious and compared with those who have poor social support, experience less anxiety. These capabilities enable one to act positively in relation to other members of society, culture and environment and has a good social well-functioning (Taghiloo, 2005). Cummings and colleagues in 2007 in a research found that communication skills training and group training are effective on anger control (Cummings et al., 2007). Meanwhile in a research carried out by Phillips and colleagues in 2006 on 286 people aged 18 to 88, older people show their anger less than other age groups (Phillips, Henry, Hosie, & Milne, 2006).

Conclusion:

Based on the results obtained, anger control training can be effective on women's general health. Women are considered as the family core, the necessity to have healthy families and children is a prerequisite for the mother's health.

Therefore, considering the importance of women in the family and a healthy and prosperous society it is recommended to provide with the women referred to the consultation centers, health and medical centers the anger control programs.

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