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CHAPTER I

INTRODUCTION

1.1 OVERVIEW

"Anger is never without a reason, but seldom a good one"

*Benjamin Franklin*

Anger is one of the common and basic emotions. Anger whether unreasonable or reasonable, causes harm to the individual and to the society. Of all the emotions that people want to handle, anger seems to be the most difficult. This may be partly because anger is often intransient.

“By the simplest of definitions anger occurs towards an object/person which/who is an obstacle to fulfilling one’s desired goal” (Ram, 2000). Tice and Baumeister (1993) found that anger is the mood that people are worst at controlling. Indeed anger is the trickiest and most complex of emotions to handle because, unlike other emotions, it creates an inner monologue of self-righteousness that propels people to vent it out, rather than to soothe them.

It is one of the emotions which even though important has been overlooked for long by researchers. But recently efforts are taking place in treatment and management of anger. Physiological view: In evolutionary terms, anger is said to have its roots in the fight-or-flight response that is so essential to human survival. It fuels the energy necessary for the body to fight a dangerous situation. Zillmann (1993), one of the pioneers in the field of anger research, asserts in this connection, that a sense of being endangered is the universal trigger for anger. Endangerment can be signaled not only by the presence of a physical threat but also by a symbolic threat to one’s self-esteem or dignity. He found that when a person who is already been treated unjustly or rudely or is insulted, is in a state of edginess. In this state any event can trigger a process he calls “emotional hijacking” and the person can become enraged. Zillmann sees escalating anger as a sequence of provocations, each triggering an excitatory reaction that dissipates...
slowly. In this sequence each anger-provoking thought or perception becomes a mini-trigger for arousing a structure in the brain called the amygdala, which instantly sends signals for the secretions of the fight-or-flight hormones, mobilizes the centers for movement, activates the cardiovascular system, and tenses the muscles. Hence, with anger, blood flows to the hands, making it easier to grasp a weapon, or strike at a foe, heart-rate increases and a rush of hormones such as adrenaline generates a pulse of energy strong enough for vigorous action. The amygdala-driven surge of catecholamine keeps on building, each before the previous one has subsided, thereby escalating the level of bodily arousal.

A cognitive view according to Zillmann (1993), suggests that a thought that comes later in the chain builds up far greater arousal than one that comes earlier. Anger builds in anger and the emotional brain heats up. A point is reached where people are no longer able to see reason and become totally unforgiving. Their thoughts revolve around revenge and reprisal and they are unaware of the consequences of their actions. The enraged person suffers what is called in psychological terminology a severe “cognitive deficit” and, thus, falls back on the most primitive responses such as aggression and violence. From the discussion so far, it is clear that just like any other emotion, anger has two components: the cognitive or thought component and the physiological reaction.

Anger accompanies many mental and physical disorders (as meningeal irritation). When the anger is of lower intensity the states of the feelings are identified by words like being irritated, annoyed, goaded, bothered, or displeased. When the anger reaches middle range of intensity the experience is labeled directly as being angry, aggravated, antagonized, indignant, (or) mad. And when it is of very high intensity is called being crazy, enraged, rabid, unhinged, (or) wild (Kassinove, 2003). James (1984) described the physiological changes associated with anger, such as sweating, trembling, feeling jittery, and feeling as if the heart was going to be out of control. The person experiences headache, tight jaw, and muscle tension. Anger is accompanied by motor behaviors like clenched fists, raised voice, slamming door, or banging book on the desk. No effective drug has been discovered in the modern medicine (allopathic) which would help directly in the treatment of anger. But certainly there are methods in the alternative systems of treatment which are very effective in the treatment of anger.
Alternative systems of treatment as ayurveda, homeopathy, yoga, and so on have shown remarkable efficiency in treatment of anger. Psychotherapy plays a major role in the treatment of anger. Even though there are a number of psychotherapeutic drugs in allopathy there is no direct treatment of anger. Thus, it is impossible to alleviate anger totally. These drugs when consumed for a long duration show certain side effects. It is seen that when allopathic medicines are combined with alternative forms of treatment they show wonderful results in treating disorders related to mind. This is why the world is now looking towards alternative systems of treatment. Thus, the present study highlights efficiency of alternative methods as homeopathy in medicine, rational-emotive behavioural therapy (REBT) in psychotherapy, and yoganidra in yoga for the treatment of anger. This study projects how an individual can reduce his anger with the help of alternative system of treatment.

1.2 STATEMENT OF THE PROBLEM

The present research was regarding the “Comparative study of the efficacy of homeopathy, REBT and yoganidra in the treatment of anger.”

1.3 CONCEPTS

This section explains important terms and concepts included in this study.

1.3.1 Anger

Anger is defined as a “psychological state and trait consisting of subject’s feelings that vary in intensity and frequency from mild irritation to intense fury and would fluctuate over time as a function of frustration, perceived insults or being verbally or physically attacked by others, experienced overtime; it is accompanied by arousal of autonomic, nervous and neuroendocrine process” (Spielberger, 1999). Berkowitz (1993, cited in Kassinove & Sukhodolsky, 1995) defined anger 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”.
An elaborate definition by Kassinove and Sukhodolsky (1995) states that “Anger is the negative phenomenological (or internal) feeling state with specific cognitive and perceptual distortions and deficiencies (i.e., misappraisals, errors and attributions of blame, injustices, preventability and or intentionality), subjective labeling, physiological changes and action tendencies to engage in socially constructed and reinforced organized behavioural scripts”.

Anger is not always goal-directed; angry feelings stem from an unpleasant occurrence that yields internal physiological reaction, involuntary motor reaction, facial changes, thoughts and memories that arise at the time of unpleasant occurrence. Kassinove and his associates (1997) concluded from their research in the U.S.A., Israel, India and Russia, that it is necessary to understand the accepted display rules of culture and the way in which that person’s negative language structures anger experiences. People display socially defined transitory behavioural role during anger episodes, which is based on behaviour patterns, and the language developed and reinforced in their culture.

The development, experience and expression of anger are influenced by the neurological temperament, endocrinal and other physiological processes (Deffenbacher, 1994, 1995, 1999). Deffenbacher (1994) mentions that in AXIS I of DSM-IV the most frequently used diagnosis for the patient with dysfunctional anger is intermittent explosive disorder (IED) (American Psychiatric Association, 1994, pp.609-610). The other inclusion of anger is in AXIS-II of DSM-IV as a diagnosis of Borderline Personality Disorder and PTSD.

Anger has several consequences. When anger is suppressed it leads to essential hypertension, coronary artery disease and cancer (Green & Morris, 1995; Harburg, Gleiberman, Russel & Cooper, 1991). Scientists believe that anger and aggression are similar in regard to eliciting the consequences. Anger varies within and across individuals and cultures. People take professional help to deal with anger. Among these ways to handle anger and its effects are medication (e.g. homeopathy), psychotherapy (e.g. REBT), and yoga (e.g., yoganidra).
1.3.2 Homeopathy

The word homeopathy is derived from Homeos, meaning similar and pathos meaning suffering. Hahnemann, the founder of homeopathy was born on 10th April 1755 in Germany. While going through Cullen’s materia medica he came across the experiment on cinchona bark, which said, cinchona produces as well as cures symptoms of malaria. That was the birth of “Similia Similibus Curentaur”, that is, let like be cured by likes, the fundamental principle of homeopathy (Vitholkus, 1998). This fundamental principle means that substances that can produce certain health disorders when given in physiological dosage can cure the same health disorder when given in potentized form.

Homeopathy considers health as a state indicating harmonious function of the life force leading to a peculiar sense of well-being. When we are healthy we are not aware of our body functions. We become aware of them when we feel some difference from our normalcy and we also become aware of our disturbed body functions. Thus, disease is a state of disharmony where we are aware of the loss of sense of well-being.

The human response to disease is seen through signs and symptoms on three planes, namely, mental, emotional, and physical. The mental plane is the central core, second is the emotional plane as third is the physical plane, that is, the periphery (Vitholkas, 1998). The sum total of the individual in the three planes depicts constitution. This sum total is the resultant of the early environment factors, right from the time of conception, acting on the heredity of the organism as determined by the genes. This is termed as totality of symptoms in homeopathy.

In the study of diseases, however, the homeopathic physician considers the individual’s generalized response as of greater importance than a particular organs response, from the stand point of the selection of the curative remedy, and is guided by totality of symptoms (Dhawale, 2000). It is the duty of the homeopath to form the proper totality of symptoms until the remedy is found, that produces similar symptoms in the healthy individual. Thus administration of the similar remedy serves the principle of homeopathy (Kent, 1990).

Successful application of the law of similars depends on:
(a) Indisposition: “By indisposition Hahnemann means slight alteration of the health manifested by fine or more trivial symptoms, which a slight alteration in diet and regimen
will usually suffice to dispel” (Mondal, 1998)

(b) Individualization: According to Mondal (1998) individualization is a process through which a person is distinguished from others of the same class or group by some exclusive features.

(c) Constitution and temperament: These are based on composition and physiology of human being (Dhawale, 2000). It tells about predisposition of the individual towards particular conditions. Many combinations occur with one temperament being prominent (Roberts, 1999).

The homeopathic system of medicine is based on the law of minimum dose, which states that only the least possible potency is required to attain equilibrium in the diseased individual, which is done by homeopathic simillimum.

### 1.3.3 Rational-Emotive Behavioral Therapy (REBT)

Rational Emotive Behavioral Therapy (REBT) is based on cognitive, emotional and behavioral processes which are interactive and dependent on each other. Albert Ellis (1962) evolved rational-emotive behavior therapy through his dedicated and continuous efforts in clinical psychology. Ellis is known as the founder of rational-emotive behavior therapy. Earlier, Ellis called his therapy as Rational therapy, then Rational-Emotive Therapy. The main theme of REBT is that man’s irrational or illogical thinking gives rise to many of his emotional or psychological disturbances. Ellis was originally a psychoanalyst trained by the Karen Horney School. He was interested in philosophy than psychoanalysis. He said that if people have sane philosophy of life then emotional disturbances would rarely take place. Writings of Epictetus, Spinoza, Dewey, Aurelius and Russell influenced him. Epictetus, an ancient Greek philosopher said, “Men are disturbed not by things, but by the views which they take of them” (Dobson, 1988). Ellis (1973) stated that REBT has as its source in Adler’s (1927) work, who said that a person’s behavior springs from his/her ideas. REBT is one of the cognitive behavioral approaches which has a strong philosophical thinking at its center. This treatment is based on the assumptions that cognition, emotion and behavior are not separate psychological processes but are highly interdependent and interactive.

Ellis, after practicing psychoanalysis and psychoanalytically oriented psychotherapy
for several years, discovered that there is a strong tendency in us to create new thoughts as soon as the old ones disappear. He eventually realized that individuals actively indoctrinated themselves with the original taboos, superstitions, and irrationalities they had picked up during their childhood. And whenever they were asked to leave them they showed strong resistance. Thus, Ellis concluded that human beings are self-talking, self-evaluating and self-sustaining. Thus, Ellis found, “to help rid a client of irrationalities was an active-directive, cognitive-emotive-behaviouristic attack on major self-defeating value systems - not directed against clients but, against their unrealistic beliefs. The essence of effective psychotherapy according to RET is full tolerance of people as individuals combined with ruthless campaign against their self-defeating ideas, traits, and performances” (Corsini, 1984).

The central theme of REBT is that thinking and emotion are interrelated significantly, where thinking often becomes one’s emotion and emoting under certain circumstances. Then it becomes one’s thought (Ellis, 1962). When Ellis was treating several of his cases with psychological disturbances he realized the importance of philosophical factors over psychoanalytic and psychodynamic factors. He was discouraged by psychoanalytic method of treatment. So, with the process of clinical trial and error he formulated REBT.

Frosgatt (2001) has stated steps involved in helping clients change which are as follows:

The client should be made to understand the emotions and behaviors are caused by thinking and belief. This is done with a brief explanation and which may be followed by giving them to read theoretical material about REBT. Don’t directly jump in to his belief system. Show how the relevant belief can be uncovered. At this first introductory stage of therapy the ABC format will not be easy for the client. Start for the actual ABC by using an episode from the clients own recent experience, the therapist notes the C (consequence), then the A (activating event). The client is asked to consider (at B, belief system):
A - means what started things off: What was I telling myself about A, to feel and behave the way I did at C?

B - is feelings about A.

C - is reaction to B.

As the client develops understanding of the nature of irrational thinking, this process of filling in the gap will become easier. Such education may be achieved by reading, direct explanation, and by self-analysis with the therapists help and as homework between sessions.

Once the ABC is done the client should be taught to dispute (D: disputing irrational belief) and change the irrational beliefs. At this stage a successful disputation helps the client to replace the irrational beliefs with rational ones. The ABC format is extended to include E (the new Effect the client wishes to achieve, that is, new ways of feeling and behaving), and F (Further Action for the client to take). Help the client get into action. Acting against irrational beliefs. Its emphasis on both rethinking and action makes REBT a powerful tool for change.

What follows is a summary of the main components of an REBT intervention.

a) Engage client

The first step is to build a relationship with the client. Forming a rapport with the client is very important. This can be done using empathy, warmth and respect. Along with the main problem watch for secondary problems as if self-downing over taking assistance to solve their problem or anxiety about coming to the interview. It is very important for the therapist to assure them that their problems can be solved with REBT.
b) Assess the problem, person, and situation.

Every individual is different from the other. Hence, assessment will vary from person to person. But there are certain most common areas that are assessed in every client in REBT.

“1. Start with the client’s view of what is wrong for them.
2. Determine the presence of any related clinical disorders.
3. Obtain a personal and social history.
4. Assess the severity of the problem.
5. Note any relevant personality factors.
6. Check for secondary disturbance: how does the client feel about having this problem?
7. Check for any non-psychological causative factors: physical conditions; medications; substance abuse; lifestyle/environmental factors”.

c) Prepare the client for therapy

“1. Clarify treatment goals.
2. Assess the client’s motivation to change.
3. Introduce the basics of REBT, including the biopsychosocial model of causation.
4. Discuss approaches to be used and implications of treatment.
5. Develop a contract”.

d) Implement the treatment program

Most of the sessions will occur in the implementation phase, using activities like the following:

“Analyzing specific episodes where the target problem(s) occur, ascertaining the beliefs involved, changing them, and developing homework.”
Developing behavioural assignments to modify ways of behaving.

Supplementary strategies & techniques as relaxation training, interpersonal skills training, etc are also used”.

e) Evaluate progress and termination of the intervention

At the end of intervention it is important to evaluate the improvement in the client. It is necessary to determine the extent of effect of REBT on the client’s problem. It should be determined whether the improvement is due to REBT or improvement of other circumstances. After evaluating that REBT has helped the client to its best the client is prepared for termination of the intervention. The client is informed that certain problems may relapse and he should be aware of this. In such case he should not give up working on himself as he knows what works for him, through the education and actively participating in the REBT intervention paradigm. And if needed his problems can be re-worked at this time; it would be a new episode even though it bears certain similarity with his past experience (Froggatt, 2001).

There are a few techniques used in REBT. These are cognitive, emotive and behavioral techniques.

a) Cognitive techniques

It is the most commonly employed technique, in which disputing the irrational beliefs is done. It includes a rational analysis of specific episodes to teach the client how to uncover and dispute irrational beliefs. This is done through questioning. For example “Do you have any proof?” or “Where is the evidence?”(Walen et al., 1980). If the client is holding a ‘should’ or is self-downing about his/her behaviour, ask whether they would rate another person (e.g. best friend, therapist, etc.) for doing the same thing. If they say “No”, help them see that they are holding a double-standard. This is especially useful with resistant beliefs which the client finds hard to give up (Froggatt, 2001).
b) Imagery techniques

In rational emotive imagery technique the client is asked to visualise the unwanted event occurring, then imagine going forward in time a week, then a month, then six months, then a year, two years, and so on, considering how they will be feeling at each of these points in time. They will thus be able to see that life will go on, even though they may need to make some adjustments. As in negative rational imagery after imagining the problem situation, the client is asked to change the feeling from a disturbed emotion to a more constructive emotion. In positive rational emotive imagery the clients imagine themselves in a problematic situation but visualize themselves behaving and feeling differently. The blow-up technique involves asking the client to imagine whatever it is they fear happening, then blow it up out of all proportion till they cannot help but be amused by it. Laughing at fears will help get control of them (Ellis, 1979; Maultsby & Ellis, 1974).

c) Emotive technique

In this, first without making the topic too serious, with the help of humor, the client is encouraged to think rationally. In the second step, the therapist advises the clients to self-disclose. In the third step the therapist uses stories, mottos, parables, witticisms, and poem and aphorisms to help disputation (Wessler & Wessler, 1980). Shame attacking involves confronting the fear of shame by deliberately acting in ways the client anticipates may attract disapproval (Ellis, 1969; Ellis & Becker, 1982).

d) Behavioural techniques

It is seen that cognitive change is often facilitated by behavioral change (Emmelkamp, Kuipers & Eggeraat, 1978).

1) Role playing is a useful and effective technique (also known as reverse role-playing) in which the client is made to argue against their own dysfunctional belief. In this the therapist plays the role of the client who harbours irrational beliefs. And the client plays the role of the therapist who tries to convince the therapist the irrational belief is dysfunctional.
2) “Stay in there” activities make the clients to stay in the situation rather than avoid aversive situation.

3) Anti-procrastination exercise includes encouraging the clients to force themselves to start their tasks sooner rather than later.

4) Use of rewards and penalties are employed to clients on the nature of completion of tasks (Ellis, 1979).

1.3.4 Yoganidra

The Sanskrit word Yoga comes from the root word Yuja, which means to join or unite. In the Indian way of thinking, the world of matter is a manifestation of cosmic energy. Nidra means sleep. The word Yoganidra, therefore, is literally translated as yogic sleep. This word does not appear in Patanjali’s treatise, but was coined by Swami Satyanand Saraswati from Bihar school of Yoga, Munger, Bihar, India. He has described how he learnt Sanskrit verses that were chanted while he used to sleep and how this intriguing experience led him to realize that part of human consciousness is receptive even while one is asleep. He then developed a technique in which one learns to relax the body and the mind systematically while remaining completely awake, and also to harness the creative potential of the mind by making use of imagery and a resolve. Taken together, this technique came to be called Yoganidra (Swami Satyanand Saraswati, 1998). Yoganidra is a yogic relaxation technique comprising resolve making (sankalpa), deep muscle relaxation, breathing exercise, and imagery.

1.4 THE PRESENT STUDY

Anger is one of the basic emotions. It is seen that anger has evolved as one of the important factors affecting mental and physical health. As anger affects the health of the individual as well as that of the society, various methods have been evolved to reduce anger. The present study was an attempt to explore the efficiency of the three alternative methods in treatment of anger, namely, homeopathy, REBT and yoganidra.
1.4.1 Significance of the Present Study

The present study focused on the comparative efficacy of homeopathy, REBT and Yoganidra in the treatment of anger. Anger is an emotion which gives rise to physical as well as mental discomfort. Anger is generally followed by vengeance, aggression and violence.

Psychiatric medicines have been thus far found to have a moderate role in treatment of anger. This study highlighted the role of alternative therapy as well as psychotherapy that are effective in treatment of anger. It showed how anger can be managed successfully without any side-effect of the medicinal treatment, unlike psychiatric medicines. The study put forward an approach where we have an understanding of anger and its treatment from yoganidra point of view, in which stress is reduced by attaining equilibrium. REBT was used where irrational thinking is corrected to bring change in anger (affect) and behaviour. Homeopathy acts with a holistic approach where effects are on mental as well as physical planes.

Considering that anger has effects on one’s psychological and physical health it is necessary to explore into how to reduce the intensity, frequency and duration of anger bouts. Anger affects one’s interpersonal relationships, causing loss of good relationships and so on. If psychology can find some technique to help handle anger, many a painful experiences may be prevented. The significance of this study, thus, lies in this. It is time psychologists realize that there are alternatives to modern western approaches to treat psychological problems. This study provided this possibility through homeopathy, REBT and yoganidra.

1.4.2 Objectives of the Present Study

The main objectives of the present research were to study the
1. efficacy of homeopathy in treatment of anger;
2. efficacy of REBT in treatment of anger,
3. efficacy of yoganidra in treatment of anger; and
4. comparative efficacy of homeopathy, REBT and yoganidra in treatment of anger.
1.5 SUMMARY

This chapter began with an overview of anger, which stated the importance of the present study. It elaborated on anger, its effects on the individual, and the alternative treatment methods used in the present study. It highlighted the medicinal method of homeopathy, the psychotherapeutic method of rational-emotive therapy and of yoganidra which is a form of yoga. The chapter concluded with the significance and objectives of this study.