CHAPTER 1

INTRODUCTION

Anger seems to be the dominant fact of modern life. Not merely the black statistics of murder, suicide, alcoholism and divorce betray anger, but almost any innocent, everyday act: the limp or over hearty handshake, the second pack of the cigarettes, the forgotten appointment, the stammer in midsentence, the wasted hour before the T.V. set; all display the shade of anger as it introduces itself in daily life. Time and again psychologists and philosophers have emphasized the role of anger in our day to day life. We are not aware of any systematic conception of personality, particularly with regard to its development which does not give the concept of anger a role of great, if not central, significance (Sarson et al, 1960).

It is not easy to counter the contention that anger is a "Pervasive psychological phenomenon", of modern society. The word seems literally to drip with it. It begins in infancy, winds it way painfully through countless occurrences, large and small. It is not that the emotion itself is of recent origin, or that it is somehow of greater significance today than it has been in the past. Surely, anger is as old as human existence and belongs to no particular era or culture.
There is no universally accepted definition of anger, however, attempts have been made to operationalize the construct. When it is said that a person is angry, the statement may be interpreted in either of two ways. It may mean that individual is angry at the moment, or it may mean that he is an angry person. The two interpretations are quite different. The former refers to an immediate and probably ephemeral state, whereas the latter is a constant condition without a time limitation.

The anger-prone individual is one who has a noticeable upsurge of feelings of anger on a relatively large numbers of occasions, under more circumstances and in a large numbers of different situations than do his or her peers.

Situational Anger is a transitory state which is ephemeral, occurs in response to a stimulus and is likely to vary in intensity as a function of the stimulus, and is characterized by a variety of associated physiological reactions. In contrast, anger proneness is a relatively unfluctuating condition of the individual which exerts a constant influence on his/her behaviour.

Theories of the origin of anger in the human organism are in a relatively rudimentary state because the available core
of definitely established facts is quite small. Theories of the origin of anger have come primarily from Franz Alexander’s (1939) postulates. He postulated that hypertensives struggled against their feelings of anger and had difficulty expressing them. Alexander theorized that the angry feelings of hypertensives were suppressed because of their anxiety about the consequences of expressing anger, and that the hypertensive’s strenuous efforts to control their anger led to chronic activation of the autonomic and cardiovascular systems, and eventually, to fixed elevations in blood pressure.

Spielberger, Jacobs, Russell and Crane (1983) have also examined the research literature on anger, hostility and aggression, and have proposed the following working definitions of these constructs.

The concept of anger usually refers to an emotional state that consists of feelings that vary in intensity, from mild irritation or annoyance to fury and rage. Anger is the distress that accompanies being restrained or blocked in progress toward some sort of fulfillment. Anger is experienced when wishes or activities are blocked, either by someone or something else or by one’s own incompetence or weakness.
The expression of anger must be distinguished conceptually and empirically from the experience of anger as an emotional state (S-anger) and individual differences in anger as personality trait (T-anger).

The conceptual distinction between "anger-in" and "anger-out" was introduced by Funkenstein, King & Dralette, (1954) in their classic studies of the effects of anger expression on the cardiovascular system. In research on anger expression, individuals are typically classified as "Anger-in" if they tend to suppress their anger or direct it inward toward the ego or self (Averill, 1982; Funkenstein, King & Dralette, 1954; Tavris, 1982). They are classified as "anger-out" if they express anger toward other persons or the environment. Thus, "anger-out" generally involves both the experience of S-anger and manifestations of aggressive behaviour.

When anger is held in (suppressed), it is subjectively experienced as an emotional state, S-anger, which varies in intensity and may fluctuate over time as a function of the provoking circumstances and the individual level of T-Anger.

The psychoanalytic conception of anger turned inward toward the ego or the self (Alexander, 1939, 1948), implies that feelings of guilt and depression will be experienced (Alexander
& French, 1948), though thoughts and memories relating to the anger provoking situation and the feelings of anger themselves may be repressed and, thus, not directly experienced.

Anger directed outward may be expressed in physical acts such as assaulting other persons, destroying objects and slamming doors. The outward expression of anger may also take the behavioural form of criticism, insult, verbal threats, or the extreme use of profanity. Moreover, both physical and verbal manifestations of anger may be expressed directly toward the source of provocation or frustration, or indirectly toward persons or objects closely associated with, and thus, symbolic of the provoking agent.

Anger control(Ax/con) assesses the frequency with which an individual attempts to control the expression of anger.

All people experience anger, but some express it violently. The root of the violent behaviour are in infancy. According to Lourie, a child psychologist, When a highly active infant does not receive outside control, but instead is over-stimulated, he is likely to break things and hurt people. He feels helpless to control his actions. Especially, if other forms of satisfaction are not available, he may come to enjoy being destructive. At the other extreme, if outside controls are very
strict, preventing even exploration, inner controls may be stifled. Either situation can lead to violent expression of anger. When the baby is treated violently and cruelly (abused), he is likely to make these forms of behaviour part of his own. When given suitable choices within firm limits, and treated with love and respect, even the highly active, aggressive infant can gradually develop his own controls.

Babies respond to minor physical discomfort with outburst of anger and they may respond similarly if they are unable to make themselves understood. Anger involves lashing out rather than withdrawing as in fear. The crying and bodily activity of infants under conditions of bodily tension, such as hunger, look like anger. They seem to be reacting similarly to children, and adults who are known to be angry. During the first year, babies learn to use anger for solving some of their problems, to a greater or lesser degree, depending on how successful it is. During the second year, when the desire to establish autonomy is strong, interference with choice making is likely to bring angry resistance, crying, screaming, kicking, perhaps hitting, throwing and biting. For establishment of a sound sense of autonomy, a baby grows by having many experiences in successful choice making and few in choosing activities where
he can not succeed. Goodenough's (1991) comprehensive and classic study, of anger in young children, describes and analyses 1,878 anger outbursts of children in the first 8 years of life. There was a marked peak in anger outbursts during the 2\textsuperscript{nd} year and then a rapid decline. Little sex difference appeared in infancy, but during the preschool period, boys had significantly more outbursts than girls. In all ages, however, difference between individuals were greater than differences between the sexes.

The research literature on anger, hostility, and aggression reveals a great deal of conceptual ambiguity. These terms are defined in different ways and are sometimes used interchangeably (Berkowitz, 1962; Buss, 1961).

Anger is generally considered to be a simpler concept than hostility or aggression. The concept of anger usually refers to an emotional state that consists of feelings that vary in intensity, from mild irritation or annoyance to fury and rage. Hostility usually involves angry feelings, this concept has the connotation to a complex set of attitudes that motivate aggressive behaviour directed toward destroying objects or injuring other people.
While anger and hostility refer to feelings and attitudes, the concept of aggression generally implies destructive or punitive behaviour directed towards other persons or objects. Hostile aggression refers to behaviour motivated by anger, instrumental aggression refers to aggressive behaviour directed toward removing or circumventing a obstacle that stands between an aggressor and a goal, when such behaviour is not motivated by angry feelings.

When anger is expressed in aggressive behaviour and motivated by animosity and hateful destructive attitudes, it may properly be labeled as hostility. The fact that aggressive behaviour is not always motivated by anger, however, provides the basis for an important conceptual distinction between hostile attitudes, and hostile and instrumental aggressive behaviour (Buss, 1961). Hostile aggression specifically denotes aggressive behaviours that are motivated by angry feelings. In instrumental aggression, the aggressive behaviour is directed toward removing or circumventing an obstacle which stands between the aggressor and a desired goal, but is not motivated by anger using explosives in mining or road construction are examples of instrumental aggression.
The concept of hostility has been considered as a personality trait. Although, the term hostility has attracted the attention of social scientists but is more used by clinical psychologists. Clinical literature is the evidence in this context. Hostility as a personality trait has also been considered as personality style or trait. Clinical Psychologists considered it as the ‘Hostility Construct’ (Dollard, Doob, Miller, Mower, and Sears 1939). Dollard (1939), propose the ‘Frustration-aggression hypothesis. They emphasized aggression as a consequence of frustration. Although hostility differ from aggression because aggression refers to a class of behaviours, whereas hostility refers to general situation in which less involvement of perceptions of means and status are involved. Hostility refers as ‘hostility disposition’. Hostility has been considered as an internal or emotional reaction of anger, enmity of resentment directed toward a object, person or occurrence (Rohner, 1980). Hostile person may verbally nag, scold and ridicule toward concerned person or object. His behaviour include the characteristics of cursing, depreciating tone of voice, saying thoughtless, unkind and cruel things, humiliating or making fun. The hostile person may physically express his behaviour to the hit kick, scratch, burn, choke,
scold, pinch, throw things or physically hurt in other ways. There is a difference between hostility and aggression. Because aggression is concerned with any overt action which is intended to hurt physically or verbally. It may be manifested by critical impatience, irritability or antagonism about the person or object.

The effect of anger should be differentiated from the motive of hostility. Hostility is a wish for a specific class of goal to cause pain, distress, or anxiety to another person, or a surrogate of that person. The person, to whom hostility is directed, is the one who is believed to be the thwarting agent, the one who threatens the valued standards.

**Well Being:**

Preoccupation with psychological ill health seems to have given way to that about psychological well-being, towards the end of 20th century. Even greater attention is being given now a days i.e. in the beginning of 21st century, accepting the two factor theory of mental health viz. absence of psychological ill being ill health does not necessarily mean presence of psychological well being. A person can have both conditions poor, both conditions good or, anyone of them good, with all
its accompanying results. (Verma, 1988). The concept of psychological well being is a somewhat malleable which is to do with people's feelings about their everyday life activities (e.g., Bradburn, 1969; Campbell, 1976; Warr, 1980; Warr & Wall, 1975) such feelings may range from negative mental states through to a more positive outlook which extends into a state which has sometimes been identified as positive mental health (e.g., Johda, 1958). According to Warr, (1987), there are five principal of mental health: affective well-being, competence, aspiration, autonomy and integrated functioning. The affective well-being seems to be the central component, providing a key indicator to the level of someone's mental health. Well-being is often viewed in overall terms along a single dimension such as from feeling good to feeling bad. And one can study well-being at two different levels: 'context-free' well-being and 'context-specific' well-being. Further, the affective well-being can be classified according to psychological and physiological aspects of everyday experiences into negative and bivalent components such as, dissatisfaction, unhappiness, anxiety, depression, worry, low sense of personal autonomy or personal esteem and so on.
Well-being can be defined as the subjective feelings of contentment, happiness, and satisfaction with life experiences and of one's role in the world of work, Sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry, etc. These things are difficult to evaluate objectively, hence the emphasis on the term "Subjective" well being. It may well be maintained in adverse circumstances and conversely, may be lost in favourable situation. It is related to but not dependent upon the physical/physiological conditions.

We define Subjective well-being as a general area of scientific interest rather than a single specific construct—subjective well-being is a broad category of phenomena that includes people's emotional responses domain satisfactions such as work, family, leisure, health, finances, self and one's group; global judgements of life satisfaction such as – desire to change life, satisfaction with current life, satisfaction with past, satisfaction with future, significant other's views of one's life. (Stones and Kozma, 1985).

Moods and emotions, which together are labeled affect, represent people's on line evaluations of the events that occur in their lives. Bradburn and Caplovitz(1965) suggested that pleasant affect includes – joy, elation, contentment, pride,
affection, happiness, ecstasy and unpleasant affect includes -
guilt and shame, sadness, anxiety and worry, anger, stress,
depression and envy.

Subjective well-being researchers (Kozma & Stone) are
primarily interested in long term moods rather than momentary
emotions, they include measures of both pleasant and
unpleasant affect in their research.

Subjective well-being is not a simple unitary entity. It has
multiple facets that must be assessed through global
judgements, momentary mood reports, physiology, memory,
and emotional expression.

Because of small effects of external circumstances,
researchers turned to top-down areas to explain variability in
subjective well-being, structures within the person that
determine how events and circumstances are perceived. One
conceptual model for the link between personality and
Subjective well-being is that some people have a genetic
predisposition to be happy or unhappy, which is presumably
caused by inborn individual differences in the nervous system.
If there are stable predispositions to experience happiness or
unhappiness, one would expect subjective well-being to be at
least somewhat consistent across time and across situations.
Although situational factors may move subjective well-being up or down from baseline levels, stable personality factors should exert a long term influence. In support of this idea, Magnus and Diener (1991) found that measures of personality predicted life satisfaction 4 years later, even after controlling for the influence of intervening life events. In a similar vein, Headey and Wearing (1989) found that the people eventually return to a baseline of positive and negative affect after the occurrence of good and bad events. They proposed a dynamic equilibrium theory in which personality determines baseline levels of emotional responses. Events can move people above or below this baseline, but they will in time return to this stable set point.

According to Eysenck and Eysenck (1975) the ‘typical’ high neuroticism (N) score as being an anxious, worrying individual moody and frequently depressed suffer from various psychosomatic disorders. He is overly emotional, reacting too strongly to all sorts of stimuli, and finds it difficult to get back on an even keen after each emotionally arousing experience. The stable individual, on the other hand, tend to respond emotionally only slowly and generally weakly, and to return to
baseline quickly after emotional arousal; he is usually calm, even-tempered, controlled and unworried.

Some researchers examined the hypothesis that extraverts are happier than introverts because of greater personality – environment fit (Diener et al., 1992; Diener, Larson and Emmons, 1984). According to this explanation, social involvement is required by the demands of society, and because extraverts are more comfortable and happy in social situations, extraverts are (on average) happier than introverts.

The influences of traits on emotions are probably moderated by the environment in which the individual is immersed. Happiness would require precise combinations of personality and environment (Larson & Ketelaar, 1991; Rusting & Larson, 1997). Personality may interact with situations and the environment to influence Subjective well-being.

According to Diener’s (1984) conceptual model, people react in positive ways when making progress toward goals and react negatively when they fail to achieve goals. Thus, a central idea is that goals serve as an important reference standard for the affect system.

Cantor and Sanderson (1989) maintained that the types of goals that one chooses influence the effect of goals on
subjective well-being: "Well-being should be enhanced when individuals are able to pursue their distinct personal goals in ways that are intrinsically valued and autonomously chosen, approached at a feasible level, and facilitated in their daily life context. Thus, resources may facilitate well-being indirectly by allowing individuals to pursue and attain important goals.

The idea of adaptation or habituation to continuing conditions is a central component of modern theories of subjective well-being. Helson (1947) defined adaptation as the diminished responsiveness to repeated or continued stimuli. There is now evidence that adaptation to events is an important factor in Subjective well-being (Loewenstein & Frederick).

Health is found to be strongly correlated with subjective well-being (Wilson, 1967). The impact of one's health depends on the individual's perception of the situation. When the disabling condition is severe or entails multiple or chronic problems, however, it may negatively influence subjective well-being. Ill-health may negatively influence subjective well-being because it interferes with the attainment of important goals.

Wealth may contribute to subjective well-being by providing the means to meet certain basic needs such as food,
shelter, clean water, and health care. Thus, poverty should affect subjective well-being if it affects basic needs. The issue in the study of income is whether materialistic goals themselves have a direct influence on SWB (Sirgy, 1998). People who value money more highly than other goals are less satisfied with their standard of living and with their lives (Richins & Dawson, 1992).

"Marx described religion as the "opiate of the masses", suggesting that it leads to greater feelings of well-being, Gartner, Larson, and Allen (1991) concluded that the "preponderance of evidence suggests that religion is associated with mental health benefits." Religion may provide both psychological and social benefits. Religious experiences can provide a sense of meaning in daily life (Pollner, 1989) as well as during major life crises (McIntosh, Silver & Wortman, 1993). As Durkheim (1915) noted, religion also serves social purposes by offering a collective identity and reliable social networks consisting of individuals who share similar attitudes and values (Taylor & Chattery, 1988).

The positive relation between marriage and subjective well-being noted by Wilson (1967) has been consistently replicated in national and regional surveys conducted in the
United States (e.g., Glehn, 1975; Gove & Shin, 1989), Canada (White, 1992) and Norway (Mastekaasa, 1995) as well as in international studies (Diener, Gohn, Suh, & Oishi, 1998). The large scale surveys reveal that married people report greater happiness than those who were never married or are divorced, separated, or widowed. There is longitudinal evidence that happy and well adjusted people are more likely to marry (and stay married) than other people (e.g., Mastekassa, 1992, 1994; Veenhoven, 1989). In a longitudinal study, Heady, Veenhoven, and Wearing (1991) examined the bottom-up effects of various life domain satisfactions on global life, among the six life domains they examined (e.g., job, health), only marital satisfaction had a significant causal influence on global life satisfaction.

Wilson (1967) in a review article reported that youth is a consistent predictor of happiness. International studies based on representative samples from multiple countries also show that life satisfaction does not decline with age (Butt & Beiser, 1987; Inglehart, 1990; Veenhaven, 1984).

Haring, Stock and Okum (1984) showed that men were slightly happier than women, but the magnitude of this difference was very small. In the general population,
depression is more prevalent in women than in men (Eaton & Kessler, 1981), and reports of unpleasant affect are higher among women (Nolen-Hoeksoma & Rusting). One possible explanation of the paradox is that women experience, on average, both positive and negative emotions more strongly and frequently than men.

Education may have indirect effects on subjective well-being. Education may contribute to subjective well-being by allowing individuals to make progress toward their goals or to adapt to changes in the world around them. On the other hand education may raise aspirations. Clark and Oswald (1994) found that the highly educated were more distressed than less educated persons when these groups were unemployed. Being out of the work may be more aversive to the former group because of their higher expectations. Thus, education may interfere with Subjective well-being if it leads to expectations that can not be met. Wilson (1967) observed that intelligence per se probably does not have a direct impact on Subjective well-being. It seems likely that the relation of intelligence to SWB will depend on the degree to which intelligent people excel in society and the degree to which intelligent people
Depression:

Depression is an important problem in the modern society. In general, depression is a basic affective state characterized by symptoms such as low self-esteem and feelings of being rejected or being unloved, which can be found in all age groups (Battle, 1978). Beck & Beamsdefer (1974) suggest that characteristics of depression include pessimism, sense of failure, self-dislike, social withdrawal and somatic preoccupation. Depression, anxiety and self-esteem have been closely related in clinical, empirical and theoretical studies of psychopathology (e.g. Gurney et al, 1970). According to Beck (1967, 1976), persons suffering from depression and anxiety have different dysfunctional cognitions about themselves, their personal world and their future. Negative cognition have been observed in both clinical and empirical investigations to play an important rule in depression and anxiety (Beck, 1967; Beck & Emery, 1985).
Self-esteem:

Self-esteem is a fundamental need of humans and is one of the most important variables affecting the lives of individuals at all stages of development (Bardburn, 1969). Battle et al, (1988) propose that self-esteem is a construct which refers to an individual’s perception of his/her personal worth. Thus self-esteem as a fundamental personality construct, can be defined as ‘respect for a favourable impression of oneself, good opinion of oneself (Vijayamurthy & Parthasarathy, 1990). Coopersmith (1967) defined self-esteem as, “the evaluation which the individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval and indicates the extent to which an individual believes himself to be capable, significant, successful and worthy”. According to Lorr & Wunderlich (1986) self-esteem represents in part “a sense of power and competence that derives as feedback from the individual’s own actions”. It is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behaviour.

Several researchers observed the differentiation between the popular terms such as ‘self-concept’ and ‘self-esteem’ (Calhoun & Morse, 1977; Germain, 1978). Calhoun & Morse
(1977) defined self concept as the way an individual perceives himself and his opinion of how others view him and self-esteem as the individual's satisfaction with the self-concept. Psychological well-being has sometimes been identified as positive mental health.

Wilson believed the happy person to be well paid, young, educated, religious, and married. The happy person is blessed with a positive temperament, tends to look on the bright side of things, and does not ruminate excessively about bad events, and is living in an economically developed society, has social confident, and possesses adequate resources for making progress toward valued goals.

The term psychological well-being embraces through affective and cognitive process of feelings of the people about their everyday life activities. Further the affective well-being has psychological as well as physiological aspects, such as unhappiness, depression, anxiety, dissatisfaction, low self-esteem and so on. Anger has an impact on personality and it lowers psychological well-being, self-esteem and increases depression, anxiety, psychological distress and emotional instability. With this conceptual background an attempt is made to give a brief review of recent literature in the following chapter.