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# The Effect Of Unmanaged Anger And Anger Management On Anxiety

The theory for this paper is that adults from the ages of 25-40 years with unmanaged anger have a larger chance of having a negative effect on their anxiety. The hypothesis is if an adult has unmanaged anger with a negative effect on their anxiety then it will continue to grow and negatively affect their day to day lives. The independent variable for this paper is unmanaged anger and the effect it has on an adult's body. The negative effect on anxiety in adults is the dependent variable. Outside variables that could affect the results include age, weather, and their sex.

As adults get older, they are most likely to have more angry moments in the day, but most do not realize that it becomes a problem due to the stress and busy days that are involved. Experiments isolate the effects of one or more factors by manipulating the factors of interest and holding constant (controlling) other factors. Correlation involves having two variables in which one correlates with the other, like in this study we say unmanaged anger correlates with anxiety but there may be third factor that causes both unmanaged anger and anxiety. A case study examines one individual or group in depth in hope of revealing things true of us all.

Having these definitions, the type of research that would be involved in this study would be an experiment because it is the one that relates to the study the most. An experiment would make sense with this study because one variable would be manipulated while the other variable would stay constant. Those who could benefit from this paper would be adults who have a history with anger, anyone who has dealt with anger could have an idea of where the problem had all started or where the anxiety that keeps growing has come from, therapists, psychiatrists, and family members. It could answer some questions such as "why is the anxiety growing?"

In the first article I have found, "Social anxiety and the experience of positive emotion and anger in everyday life: an ecological momentary assessment approach" they conducted a study in which 38 participants carried around an electronic device to record their emotions throughout their regular days for 17 days. They were examining the affect positive and angry emotional states have on social anxiety. By the end of the study they had collected 1702 observations due to the participants logging in their status 4 times a day. The results showed that social anxiety increases when you feel angry throughout the day and it decreases when you feel happy and relaxed.

They also showed that participants with high levels of social anxiety logged fewer positive emotions than angry moments throughout the day whether it was a social or unsocial situation. This article supports the theory of this study because it shows that throughout the day when having angry moments, the higher their levels of social anxiety became, whereas having more happy and relaxed moments in the day decreased the level of social anxiety. There are many moments during the day when one could feel angry and whether these feelings occur in public or not it still has a larger effect on anxiety. The second article I have found, "Cognitive Specificity in Trait Anger in Relation to Depression and Anxiety in a Community Sample", involves a study done on 262 Australian adults about Young's 16 schemas related to traits such as anger, depression, and anxiety symptoms. It also partially replicated previous work with

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Spanish students with the same purpose.

The hypothesis for this article included anger being associated with Mistrust/Abuse, Entitlement, Punitiveness, Abandonment, Subjugation, and Insufficient Self-Control, that depression would be specifically associated with Emotional Deprivation, Defectiveness/Shame, Failure, Self-Sacrifice, Social Isolation, Unrelenting Standards, Dependency, and Enmeshment, and that anxiety would be specifically associated with Vulnerability and Emotional Inhibition. The materials used for this study were the Young's schema questionnaire, the state trait anger scale, and the depression anxiety stress scale-21. In the results, vulnerability was associated with anxiety while entitlement, insufficient self-control, mistrust and abuse, subjugation (negatively), and abandonment were linked to anger, social isolation and enmeshment were linked with depression. This article will support the study in a different way that the first article does because this article will give more of a background on anger and anxiety on their own. In a way this article does not support the study because when reading the results, none of the schemas involved in the study were shared between anger and anxiety which shows that anger could not be associated with anxiety therefore meaning the theory would be proven wrong.

The last article that related to my study, "Anger Management among Medical Undergraduate Students and Its Impact on Their Mental Health and Curricular Activities", the focus in this article is how anger affects mental health. They add that when anger is suppressed it can be an underlying factor for anxiety and depression. The study that was conducted took 2nd year medical students with an average age group of 19 years to see how their anger management skills can completely affect their psychological profile daily. The study used a simplified version of the Novaco Anger Scale and Provocation Inventory and the modified Patient Health Questionnaire.

The research led to the conclusion that medical students with a higher score for their tendency towards getting angry have poor mental health compared to the ones with lower anger tendencies. According to the study friends were cited as the most significant source which is supported by the simple fact that a student's social circle consists mostly of friends. The majority said they found it 'somewhat difficult' to concentrate on their work, study, and relationships when angry. 16.5% of students express the anger through destructive behaviors such as substance abuse and poor eating habits.

The results show that the mental health/PHQ-9 score does not decrease as the anger management technique's effectiveness rises. All these may be because medical students are deprived of having enough time to deal with certain emotions (anger included) due to their hectic schedule. This article supports the study because it backs the hypothesis of if an adult has unmanaged anger with a negative effect on their anxiety then it will continue to grow and negatively affect their day to day lives. These medical students have very busy and stressful days which do not allow them to have time to analyze their emotions especially one as anger. In this article one of the results included a t least half of the participants said that their feelings of anger could last up to a day. For this day, according to the results, they have difficulty concentrating throughout the day.

There is so much going on in their days and that one feeling of anger could mess with their concentration for work, study, or relationships. The method for this study would be to have 40 male and female adults from ages 25-40 years that are legally able to make their own decisions would participate in the active group while 40 male and female adults would participate in the

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control group for a total of 80 adults in a community. We would measure their levels of anger as well as their anxiety levels by using the state trait anger scale and the anxiety scale at the beginning of the study.

Those who participated in the active group would, with their consent, have to carry around a monitor that receives the differences in their heart rates, blood pressure, and body heat throughout their regular scheduled days to note how many moments are associated with anger and how that affects their levels of anxiety through a period of 10 days. Those who participate in the control group would also carry a monitor, but it would monitor only their regular heart rates. After those 10 days, all participants would return the monitors and it would need to take approximately 2 days to get all the results of the participants into an average amount to then be able to share them.

Every research has its limitations such as the sample size, technology malfunction, or access. For this study there are 80 participants, but this sample size could be too small or too large for the topic which then also leads to access. Having access to the right amount of people or technology is a big limitation that would require more attention because if having access to people is denied then the sample size is affected. When having a limitation to technology in this study it would be hard to receive data and come up with results. In order to continue with the study there must be an informed consent discussed.

The purpose for this study is to understand the affect unmanaged anger has on anxiety on a regular day. Participating is voluntary and refusal to participate will not result in any consequences and everything will stay anonymous. With people giving consent to participate, this study would be able to benefit society to have more resources towards helping reduce anger levels in adults as well as anxiety seeing that one is affecting the other. To debrief, all 80 participants will be able to discuss their experience of the study as well as the results in an average amount and all the ways their monitors read changes in their body and how many of those readings were anger and how many of those lead to higher levels of anxiety. At that time, we would be able to discuss who was in the active group and who was in the control group. Reasons why a control group was involved was to minimize the number of confounding variables. Any questions that are brought up by the participants will be answered as well.