

Anger Issues: Comparison of Anger Level on the Population of Urban and Rural Areas

Akansha Bisht¹, Shubham Sharma²

^{1,2}*Department of psychology, Doon university, Dehradun, India*

Abstract - The purpose of the present study was to investigate the anger issues between the urban and the rural areas. The sample of this study consisted of 60 subjects of whom 30 were from urban areas and 30 were from rural areas across the country. The Clinical Anger Scale (CAS) was used to measure the anger issues between the population living in urban and rural areas. Due to the covid pandemic the quantitative data was collected by the online measures. Result revealed that the anger level was greater among the subjects belonging to the urban areas then the subject belonging to the rural areas.

Index Terms - Anger, anger issues, population, urban areas, rural areas.

INTRODUCTION

Anger is human beings one of the fundamental and the basic emotion. It is the natural response to the pain which can either be in the physical or the emotional form. The pain experienced in the anger is associated with unpleasant feelings. The anger never occurs alone it is necessarily preceded by painful feelings therefore anger is often defined as secondhand emotion. Anger is said to be a social emotion as it is never arise just because of pain it is a combination of pain with some anger triggering thoughts.

Anger is always considered to be one of a basic emotion, mainly given a different and identifiable pattern of facial expression (Ekman, 1999). Parameters of anger in Psychophysiological context are common to other emotional conditions, such as, for example, a general condition of stress or fear or predatory behaviors (Scarpa et al., 2010). Anger can appear as a response to a condition of bodily distress, in a way of protecting oneself from an attack from attacker (in this sense, anger is a possible result of fear; Wilkowsky and Robinson, 2010). Anger is an emotion which supports the goal – directed behavior when the outer worldly circumstances prevent the fulfilment of

those desired goals, resulting frustration (Panksepp, 1998). Anger can range from a temporary irritation to a full outrage. However, anger is a natural phenomenon and alike every other feeling and emotion, it signifies of mental health, hygiene, and human affects (Hogan PC, 2011; KhanAhmadi M, Makmur M, Shahsavarani AM, 2012). Anger can act as our shield in particular settings (Cenkseven F. 2003). Anger can perform healthy function if one can present her/ his anger in a positive form, and vice versa, if anger goes to the degree of outrage, it can cause damage to individual and his/ her social environment in which one interacts (Ozyeshil Z. 2012). Many philosophers and authors have given many definitions of anger and its consequences but there is no consensus given on the part of intrinsic value of anger.

At present time more than half of the global population is currently residing in urban cities, many people from the rural areas migrates to the urban cities in a search for work and the lavish and upgraded living which is often associated with the urban cities. Living in cities comes with the Increased population density, traffic noise and pollution but on the other hand cities provides better access to the health facilities and the other commodities. Many studies have shown that the risk of mental illness is greater in cities in comparison to the rural areas. Urbanization is one of the major health changes which is being faced by our humanity and will continue for the coming decades (Adli M, Berger M, Brakemeier EL, 2016). The risk of some of the major mental illnesses are higher in cities. Many studies in anxiety disorders (like post-traumatic stress disorder, distress, anger, and paranoia) have found higher rates in urban cites in comparison to rural areas in several Latin American and Asian countries (Prina AM, Ferri CP, Guerra M, Brayne C, Prince M. 2011; Phillips MR, Zhang J. Shi Q ,2001-05; Silove D,

Ivancic L, Rees S, Bateman-Steel C, Steel Z, 2014; Sharifi V, Amin-Esmaeili M, Hajebi A ,2011)

SIGNIFICANCE OF THE STUDY

Study was to investigate on the anger level among the population living in the urban and rural areas. This Study showed how the anger level was greater among the population living in urban cities in comparison to the people living in the rural areas. The people living in urban cities are exposed to more stressors than among the people living in rural areas. Some of the significant factors that contribute to the greater level of anger in the urban population are the population density, daily road rages, the pollution, physical harassment while traveling in public transport (metro and buses) causing mental and physical distress, the heavy workload from the workplace. In the race of developing more the people living in the urban cities somewhere has become distant from the mental peace. Although you cannot neglect the beneficiary provided from the urban cities in the form of better healthcare services, education system, upgrade, and advanced lifestyles. Having both the harmful factors and the beneficiary factors, it is important to understand the urban and the mental issues faced by its population.

LITERATURE REVIEW

Amir Mohammad Shahsavarani, Sima Noohi did a literature review on Explaining the bases and fundamentals of anger. Emotions are subjective in nature. They are biological, goal- oriented and are social phenomenon. One of the fundamental emotions in human beings is anger. Anger can be desirable as it is a way of humans to show their negative feelings. Susceptible environments of high anger outbreak comprise military and clinical settings. The objective of the present study was a conceptualization of the theoretical constructions of anger, differentiation from other similar constructions and grounding a theoretical base for future studies. In this study 20 distinctive definitions, 4 related major constructions, 4 Major classifications, incidence rates in varied populations, situations in military and clinical settings, and causes of anger have been distinguished.

Oliver Gruebner, Michael A. Rapp., Mazda Adli, Ulrike Kluge, Sandro Galea, Andreas Heinz (2017) has reviewed on cities in mental health. The review is

based on selective literature search, providing an overview of the risk factors for mental illness in urban centers. Living in urban cities is linked with increased population density, traffic noise and pollution but it also provides better health care facilities and other beneficiary commodities. The study showed that the risk factor of mental illness is higher in the cities in comparison to the rural areas. a selective literature review was performed which synthesized the current evidence for urban population mental health. The study included meta-analysis and quantitative studies presenting evidence from rural-urban or inner- urban differences in mental disorders. Results of the study are concluded from the theories by Stokols (Stokols D, 1992), Galea et al.(Galea S, Freudenberg N, Vlahov D, 2005) ,and Gruebner et al. (Gruebner O, Staffeld R, Beekman AT, Dekker J, 2010) with particular consideration of socio- ecological environments and their associations with mental health.

RESEARCH METHODOLOGY

Research problem

To find the difference between the urban and the rural population on their anger level.

Objective

To explore the effect of Living in urban and rural areas on anger level of the population.

Hypotheses

There is a significant difference between urban and rural population on anger.

Sample of the study

the study was conducted on 60 samples of population. The sample includes equal size of rural and urban population including both male and female. Gender was not a parameter.

Tools used in this study

The Clinical Anger Scale (CAS) developed by Professor Snell (Snell et al. 1995). The CAS has 21 items with 4 choices each (which are scored 0,1,2,3). The CAS score is simply the sum of the item scores. Thus, scores on the CAS can range from 0-63. CAS scores is accomplished through the following interpretive ranges: 0-13 – minimal clinical anger; 14-

19 – mild clinical anger; 20-28 – moderate clinical anger; 29-63 – severe clinical anger.

Self-Structured Questionnaire consisting of 20 questions to evaluate the anger level in individual.

Procedure

To secure better response, co-operation, genuine interest, and personal contact, I collected the information from the sample of 60 individual selected via stratified random sampling techniques through Google meet, social media (Facebook and WhatsApp). The survey was conducted to measure the Anger level in the individuals belonging to Urban and Rural areas with the help of the questionnaires of The Clinical Anger Scale (CAS). After the collection of the data, it was calculated accordingly to the respected scale. The data interpretation showed that the individuals who had higher anger issues comparatively to others belonged to the urban cities.

There were 60 participants out of which 30 belonged to Urban cities and 30 belonged to Rural areas. Among 30 participants belonging to Urban cities 8 of them scored between the range of 29-63(several clinical anger), 15 of them scored between the range of 20-28(moderate clinical anger), 5 of them scored between the range of 14-19(mild clinical anger) and rest remaining 2 scored between the range of 0-13(minimal anger scale). In the evaluation of anger level in Rural population among 30 participants 2 scored between the range of 20-28(moderate clinical anger), 26 scored between the range of 14-19(mild clinical anger) and rest 2 scored between the range of 0-13(minimal clinical anger).

The results showed that there were significant differences in anger level among the individuals from Urban cities to the individuals belonging to Rural areas. The findings suggest that people living in Rural areas have less anger issues and more stress free.

People belonging to Urban areas acknowledged that they do suffer from anger issues in their busy and crowded city life. Some of them expressed that they feel more calm and relaxed when they visit to countryside area.

CONCLUSION

The findings of this research show that there is difference in the population belonging to Urban cities and Rural areas in comparison to the Anger issues. The

results from this study show how individuals are going to different stress and Anger level by the areas of living they belong to.

The findings show that the people from Urban areas are experiencing more anger issues comparatively to the Rural population. Furthermore, session helped participants to acknowledge the level of anger they are going through and to take the measures to prevent it.

REFERENCES

- [1] Amir Mohammad Shahsavarani, Sima Noohi, Explaining the bases and fundamental of anger: A literature review, international journal of Medical Reviews, 2014
- [2] Ekman P. (1999). "Basic emotions," in Handbook of cognition and emotion eds Dalglish T., Power M. (Sussex: John Wiley & Sons;) 45-60.
- [3] Scarpa A., Raine A. (1997). Psychophysiology of anger and violent behaviour. *Psychiatr. Clin. North Am.* 29 375-393. 10.1016/S0193-953X(05)70318-X.
- [4] Wilkowsky B. M., Robinson M. D. (2010). The anatomy of anger an integrative cognitive model of trait anger and reactive aggression. *J. Personal.* 78 9–38. 10.1111/j.1467-6494.2009.00607.x
- [5] Panksepp J. (1998). *Affective Neuroscience. The Foundations of Human and Animal Emotions.* Oxford: Oxford University Press.
- [6] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5681963/>
- [7] Hogan PC. *What literature teaches us about emotion?* Cambridge, MA, USA: Cambridge University Press, 2011.
- [8] KhanAhmadi M, Malmir M, Shahsavarani AM. *Anger management in family.* Tehran, Iran: Nashr-e-DaneshAmouz: 2012 [Per-sian]
- [9] Cenkseven F. Öfke yönetimi becerileri programının ergenlerin öfke ve saldırganlık düzeylerine etkisi. *Eğitim Bilimleri ve Uygulama* 2003; 2(4): 153 67
- [10] Ozyeshil Z. Five factor personality Traits as predictor of trait anger and anger expression. *Education and Science* 2012, 37(163): 322-31.
- [11] Adli M, Berger M, Brakemeier EL, et al. *Neurourbanism-a joint methodological approach between Urban planning and neurosciences.* *Die Psychiatrie*, 2016; 13:70-78

- [12] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5374256/>
- [13] Prina AM, Ferri CP, Guerra M, Brayne C, Prince M. Prevalence of anxiety and its correlates among older adults in Latin America, India, and China: cross-cultural study. *Br J Psychiatry*. 2011; 199:485–491.
- [14] Phillips MR, Zhang J, Shi Q, et al. Prevalence, treatment, and associated disability of mental disorders in four provinces in China during 2001–05: an epidemiological survey. *Lancet*. 2009; 373:2041–2053.
- [15] Silove D, Ivancic L, Rees S, Bateman-Steel C, Steel Z. Clustering of symptoms of mental disorder in the medium-term following conflict: an epidemiological study in Timor-Leste. *Psychiatry Research*. 2014; 219:341–346.
- [16] Sharifi V, Amin-Esmaeili M, Hajebi A, et al. Twelve-month prevalence and correlates of psychiatric disorders in Iran: the Iranian Mental Health Survey 2011. *Arch Iran Med*. 2015; 18:76–84.
- [17] Stokols D. Establishing and maintaining healthy environments: toward a social ecology of health promotion. *Am Psychol*. 1992; 47:6–22.
- [18] Galea S, Freudenberg N, Vlahov D. Cities and population health. *Soc Sci Med*. 2005; 60:1017–1033.
- [19] Gruebner O, Staffeld R, Khan M, Burkart K, Krämer A, Hostert P. International Human Dimensions Programme (IHDP) Bonn: 2011. Urban health in megacities: extending the framework for developing countries Bonn.
- [20] Oliver Gruebner, Dr. rer. Nat., Michael A. Rapp, Prof. Dr. med. Dr. phil., Mazda Adli, Prof. Dr. med., Ulrike Kluge, Dr. Phil., Sandro Galea, MD, DrPH and Andreas Heinz, Prof. Dr. med. Dr. phil., Cities and Mental health, *Deutsches Ärzteblatt International*, 2017
- [21] <https://www.psytoolkit.org/survey-library/anger-cas.html>
- [22] <https://grcounseling.com/wp-content/uploads/2019/05/Clinical-Anger-Scale-CAS-1.pdf>
- [23] <https://www.mentalhelp.net/anger/#:~:text=Anger%20is%20a%20natural%20and,the%20pain%20experienced%20is%20unpleasant.>