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Anger, psychopathology and cognitive inhibition: a study of UK servicemen

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Abstract

A link between anger and psychopathology, and aggression and cognitive impairment has been postulated. This study examined the relationships between anger, psychopathology, and neurocognitive function in a military sample of 136 men without overt brain disease. A battery of neurocognitive tests was administered, including the State-Trait Anger Expression Inventory (STAXI), which recognises different experience and expression components of anger. Significant positive correlations between anger and psychopathogical measures were revealed, with the exception of anger control which exhibited a negative relationship. Correlations between anger measures and neuropsychological variables were weaker, few were significant, and no specific pattern emerged. Structural equation modelling indicated that psychopathogical variables and their relationship with neurocognitive variables, rather than anger, contributed significantly to the model. We propose that anger appears to be a manifestation of non-specific psychopathology (anxiety and depression), and that any relationship between anger and cognitive function is likely to be mediated through depression.
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Anger is probably latent in all individuals and cultures (Kovecses, 2000). A large body of evidence exists to suggest that anger is related to a number of negative health outcomes (House, 2002; Peters, 2001; Tennant & McLean, 2001).

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1. Anger, depression and post-traumatic stress disorder (PTSD)

Psychodynamic formulations associate depression with anger turned inwards (Freud 1917[1958]) and this notion finds some support in recent studies (e.g. Biaggio & Godwin, 1987; Tschannen, Ducko, Margolis, & Tomazic, 1992). Indeed, Clay, Anderson, and Dixon, (1993) found inwardly directed anger to be a significant predictor of depression, while Kellner, Hennanders, and Pattak (1992) found depression to be a significant predictor of self reported anger inhibition. A number of studies also support the theory of catharsis, that the release of anger reduces depression (e.g. Wadsworth & Barker, 1976), although doubt has been cast on the effectiveness of therapeutic approaches employing catharsis (see Lewis & Bucher, 1992). Goldman and Haaga (1995) found that despite depressed people reporting higher levels of anger experience and suppression than their non-depressed counterparts, they often report lower or equivalent levels of anger expression. Indeed most studies show a rather complex association between depression and various expressions of anger (see Culbertson & Spielberger, 1996; Folkman & Lazarus, 1980; Thomas & Atakan, 1993).

Post-traumatic stress disorder (PTSD) is associated with depression and anxiety, yet the clinical picture is often characterised by irritability and anger (American Psychiatric Association, 1994). Riley, Treibel, and Woods (1989) investigated the relationship between anger/hostility and depression in normal people, depressed, and PTSD patients. They reported that both clinical groups scored more highly on anger experience than normals, with the PTSD group exhibiting the highest level of anger experience and expression, findings corroborated by Pitman, Orr, Forgue, de Jong, and Clairborn (1987) and Chemtob, Hamada, Roitblat, and Muraoka (1994) and most recently by Biddle, Elliott, Creamer, Forbes, and Devilly (2002). Riley et al also reported that the depressed group showed higher levels of anger suppression than the other two groups, who did not differ on this measure.

Summarising the above studies, it appears that there is a general association between anger and certain types of psychopathology including post-traumatic stress disorder, anxiety and depression, rather than a specific link between types of anger expression or experience and depressed mood.

2. Anger and neuropsychology

It is well documented that depression is associated with impaired neuropsychological performance (Hartlage, Alloy, Vasquez, & Dykman, 1993; Weingartner, Cohen, & Murphey, 1981). A similar association between anger and cognition is less well established. The research that addresses this issue comes from studies of aggression rather than anger per se. The clinical literature is replete with reports of increased aggression, liability of mood including anger, and impulsivity following frontal lobe lesions (Stuss & Benson, 1984; Damasio, 1994; Lishman, 1998;). Seguin, Phil, Tremblay, and Boulerice (1995) followed a cohort of boys from the age of 6–18, divided into one of three groups; stable aggressive, unstable aggressive, and non-aggressive. They found that the former group performed most poorly on a series of neuropsychological tests, and that the strongest association was with tests of "executive cognitive functioning", presumed to reflect frontal lobe activity. Aggressive behaviour and executive function was investigated by Giancola, Martin, Tarter, Pelham, and Moss (1996) in a sample of 10–12 year old boys. The authors found that under circumstances of high provocation, poor executive function was associated with

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