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The experience, expression, and control of anger in perceived social support

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Abstract

The present study extended Palfai and Hart's (1997) work on anger expression and perceived social support. One hundred and eighty-nine college student volunteers completed measures of trait anger, anger expression/control, social desirability, and perceived social support. Findings were consistent with previous studies (e.g., Johnson & Greene, 1991; Palfai & Hart, 1997) in that anger suppression, but not aggressive anger expression, was associated with reduced social support. Moreover, hierarchical multiple regressions demonstrated that anger-in predicted perceived social support, independent of social desirability and trait anger. In addition, the ability to manage one's anger through the use of internal controls (e.g., relaxation, calming down, etc.) was associated with increased perceptions of support. Thus, regardless of one's propensity to experience angry feelings or tendency to respond in a socially desirable manner, anger suppression and the tendency to cope with anger through effective internal controls predicted perceived social support. © 2005 Elsevier Ltd. All rights reserved.

Keywords: Anger; Anger expression; Anger control; Perceived social support; Race

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1. Introduction

A heightened propensity to experience angry feelings (i.e., trait anger) has been associated with a variety of adverse factors, including health problems, reduced self-esteem, educational and occupational difficulties, and impaired interpersonal and family relationships (Deffenbacher, 1992, 1993; Deffenbacher, Lynch, Oetting, & Kemper, 1996; Deffenbacher & Stark, 1992; Eckhardt & Deffenbacher, 1995; Feshbach, 1986). Because individuals are more likely to direct their anger toward those with whom they regularly interact (Averill, 1982), it is not surprising that frequent angry feelings have interpersonal consequences. In fact, some have argued that it is impossible to define anger apart from the social context in which it occurs (Averill, 1983; Kassinove & Sukhodolsky, 1995). Specifically, anger-prone individuals report fewer and less satisfying sources of social support than their less angry peers (Barefoot, Dahlstrom, & Williams, 1983; Deffenbacher et al., 1996; Hardy & Smith, 1988).

In addition to trait anger, the manner in which anger is expressed appears to have important interpersonal consequences. Generally angry individuals are described by others as abrasive, confrontational, and opinionated (Deffenbacher, 1993). They report more verbal and physical antagonism toward others (Deffenbacher, Demm, & Brandon, 1986; Deffenbacher et al., 1996; Deffenbacher & Sabadell, 1992). As Biaggio (1987) pointed out, “Angry individuals often respond, if not with overt aggression, with some hostile or angry expression (e.g., accusation, derogation, or a highly emotional display)” (p. 667). Such behavior often leads to negative interpersonal consequences because people tend to react negatively to such displays of anger (Biaggio, 1987; Novaco, 1985).

Two constructs, *anger-in* and *anger-out*, have been particularly influential in research on anger. As measured by Spielberger’s (1999) State-Trait Anger Expression Inventory-2 (STAXI-2), *anger-in* refers to the tendency to suppress one’s anger, and *anger-out* involves the outward expression of anger in a physically or verbally aggressive manner. Both forms of anger expression have been implicated in negative health outcomes (Gentry, 1985; Keinan, Ben-Zur, Zilka, & Carel, 1992; Siegman, 1993, 1994). In addition, both predict adverse anger-related consequences (Dahlen, Deffenbacher, & Lynch, 1998; Deffenbacher et al., 1996). Specifically, Dahlen and colleagues found that *anger-in* predicted negative feelings about oneself, tension, and reckless driving, while *anger-out* predicted verbal fights.

Surprisingly, only a few studies have addressed the relationship of anger expression to social support. Johnson and Greene (1991) divided a sample of African American male adolescents (14–16 years of age) into low, moderate, and high *anger-in* groups. They found that the high *anger-in* group scored lower on several indices of perceived social support than the low *anger-in* group. Specifically, high suppressors reported less total social support, smaller support networks, lower availability of supportive others, greater discomfort discussing problems with family and friends, and reduced self-esteem than low suppressors. Thus, it appears that inappropriate anger suppression has adverse social correlates, at least for male African American adolescents.

Lane and Hobfoll (1992) studied the relationship of irritability, state anger (i.e., the immediate experience of anger arousal), and *anger-out* to social support using predominately Caucasian (92%) adults recruited from pulmonary clinics and their significant others. They found that patient state anger did not have an immediate impact on supporter anger but appeared to have a cumulative effect over time. In contrast, patient *anger-out* had an immediate effect, increasing

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