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Domain-specific assessment of anger expression and ambulatory blood pressure[☆]

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Abstract

Bongard and al'Absi (2003) proposed domain-specific anger expression as an improved method for measuring the expression of anger with stronger links to cardiovascular parameters. We tested this proposal by relating their domain-specific measure to ambulatory blood pressure. One hundred and forty-nine Singapore young adults responded to a modified version of the State-Trait Anger Expression Inventory that measured anger expression at home, school/work and leisure and then underwent 24 h ambulatory blood pressure monitoring. Results indicated significant differences in reported anger expression in the three domains measured and also showed that domain-specific measures of anger expression were more strongly related to ambulatory blood pressure than was the general measure of anger expression. These results provide additional evidence for the importance of measures of anger expression that take account of the specific context in which anger occurs.

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1. Introduction

Research on the role of personality and emotion in hypertension and heart disease has identified anger as significant in the development of these conditions (Siegman & Smith, 1994). In line with this, a meta-analysis by Suls, Wan, and Costa (1995) found that the experience of anger was associated with higher systolic blood pressure (SBP). Further, higher levels of cardiovascular responses to stress, thought to be a precursor of both hypertension and coronary heart disease (CHD), have been associated with higher levels of trait anger and its cognitive counterpart, hostility, particularly in situations involving social challenge (Suls & Wan, 1993).

Although it has long been proposed that specific anger expression styles are associated with higher blood pressure (BP), research results on the relationship of anger expression styles to BP have been mixed. Whereas some studies have found that the suppression of anger, often measured as anger-in (AI), is associated with higher BP (cf. Dimsdale et al., 1986) other studies have found that the open expression of anger, often operationalized as anger-out (AO) was related to higher BP (cf. Siegman, 1994) and at least one study has found prospectively that higher levels of both AI and AO were associated with higher blood pressure and greater likelihood of hypertension (Everson, Goldberg, Kaplan, Julkunen, & Salonen, 1998).

Bongard and al'Absi (2003) have argued that discrepancies in findings relating anger expression to BP may be related to measurement of anger expression from a trait perspective and without regard to the context in which anger occurs. To address this, they modified the anger expression section of the State-Trait Anger Expression Inventory (STAXI; Spielberger, 1988) to produce versions of these scales specific to the expression of anger at home, at work/school, and during leisure. These are trait measures with reference to specific life contexts. Their results showed significant variation by sex and domain for different dimensions of anger expression with females more likely to express anger outwardly at home than at work or during leisure whereas males did not differ in their outward expression of anger at home and during leisure but did report greater AO at home and during leisure compared to work.

Of particular interest are their findings that BP during baseline, mental arithmetic and recovery in the laboratory was more closely related to work AO and anger control (AC), which refers to active attempts by the person to control anger expression, than to the home and leisure versions of those scales. During all phases of their experiment they found significant positive relationships between work AO and BP and significant negative relationships between work AC and BP. Fewer significant relationships were found for the home or leisure versions of the anger expression scales and no significant relationships were obtained for the original version.

These findings, however, do not fully address the question of whether domain-specific measures of anger expression show a strong relationship to BP measured in different contexts. Their BP and heart rate (HR) measures were taken only within the experimental context. To address the question of whether domain-specific measures are more closely related to BP and HR within their specific domains requires that measurements be taken in the different domains and then related to the relevant domain-specific measures of anger expression. This study used ambulatory monitoring in which participants had BP and HR measured every 20 min and also at each measurement indicated their currently location (home, work/school, leisure). If the domain-specific anger expression measures are more closely related to cardiovascular parameters, we should find that the

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