

Anger in women with premenstrual dysphoric disorder: Its relations with premenstrual dysphoric disorder and sociodemographic and clinical variables

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Abstract

Purpose: The aim of the present study was to investigate anger and anger levels in women meeting the criteria of Premenstrual Dysphoric Disorder and to determine the relation between anger levels and the severity of PMDD and other variables.

Methods: 50 women meeting the criteria of Premenstrual Dysphoric Disorder and 50 healthy controls were included in the study. Sociodemographic, familial and reproductive period characteristics of the women participating in the study were recorded. All subjects were administered the State–Trait Anger Scale and Premenstrual Syndrom Scale scales.

Results: A significant difference was found between the Premenstrual Dysphoric Disorder group and the healthy control group in terms of Premenstrual Syndrom Scale scores and anger sub scores. When the state trait anger scale scores were examined, it was seen that subscales had higher scores compared to healthy women. In Premenstrual Dysphoric Disorder group; there was a positive correlation between Premenstrual Syndrom Scale scores and trait anger, anger-in and anger control scores.

Conclusions: Anger appears to be an important problem that makes life more difficult for subjects with Premenstrual Dysphoric Disorder. Wide-scale further studies focused on anger and its relation with Premenstrual Dysphoric Disorder are needed to develop ways of coping with anger in Premenstrual Dysphoric Disorder.

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1. Introduction

Menstruation covers nearly 30–35 years of a woman's life. It is a physiological cyclic process that occurs every month and may progress with alterations in the psychological condition of individual. These alterations were expressed by several authors ranging from Hipocrates in 600 B.C. to Troutula of salerno in 11th century and by various authors in the Renaissance period. Some moderate and transient psychological and physical manifestations which arise just the week before menstruation are especially noteworthy. These manifestations include fatigue, sleeplessness, breast tenderness and swelling, sweating in hand and foot, weight gain, headache, nausea, constipation or diarrhea and eating

disorders. It is claimed that these symptoms appear approximately in three quarters of the women. In some women, these symptoms may be severe to impair work capacity, social and family relations, and school performance [1–3]. This clinical presentation, defined as Premenstrual Stress Syndrome by Frank in 1931, was renamed as (1994) “Premenstrual Dysphoric Disorder (PMDD)” in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and classified in the group of depressive disorders not otherwise specified [4–6].

For the diagnosis of PMDD, at least five of 11 symptoms mentioned in DSM-IV-TR should be present; functionality should be disturbed and symptoms should have been existing at least for two consecutive months. Anger, irritability and aggressive behavior are the most frequent symptoms in such a presentation.

Although anger is a universal emotion and has a significant place in our daily lives; experiences may vary

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from culture to culture. Spielberger et al. (1991) define anger as a spectrum of emotional experience ranging from the state of nervousness and anger to an intensive emotion ‘rage’ [7]. Kassinove and Sukhodolsky (1995) describe it as a phenomenological internal emotional state associated with certain cognitive and perceptual distortions [8]. As anger may be short lasting and moderately severe; it also may be very severe, intensive, constant and destructive. Since it is thought that a direct open expression of this emotion has a destructive character; anger is evaluated as a negative emotion in many cultures. It is proposed that the emotion of anger expressed so may make the person vulnerable to verbal and physical assault and lead to conflicts in the family and other interpersonal relations [9], in addition to causing marked lowering of self esteem [10]. It is also suggested that the suppression of anger is associated with many physical disorders such as high blood pressure, coronary artery disease and cancer [11–15].

Investigations indicate that emotion of anger shows variations between genders in terms of some characteristics. Averill (1983) reported that women felt anger as frequently and intensively as men do and with similar reasons [16]. Men express their emotions of anger more directly compared to women. Expression of anger by women is usually more indirect [17,18].

Anger, which is an emotion that impacts human life adversely in many aspects and induces uncontrolled behavior frequently, may accompany the symptoms of premenstrual syndrome. In this respect, for women experiencing premenstrual symptoms, the superposition of anger may render PMDD more damaging.

Although high levels of anger observed during the premenstrual period might be attributed to hormonal changes; given the fact that it is forbidden for women to express their anger, it may also be evaluated as a consequence of social acceptability arising in this period unlike all other times. In the study of Smith and Thomas (1996) – entitled Women’s Anger Study – most women had evaluated themselves as ‘nervous’ and ‘intolerant’ during premenstrual period [19].

“A good woman does not display aggression, rage, hostility, anger, violence and nervousness” [19]. Maybe, women who suppress their anger – as usual – are losing their control in premenstrual period.

The aim of the present study was to determine the presence and levels of anger in women meeting PMDD criteria and to investigate the relation between these levels and PMDD and other variables.

2. Method

2.1. Participants

The study was conducted in Yıldırım Beyazıt University, Ankara Atatürk Training and Investigation Hospital with the approval for local ethics committee. Women with PMDD

who were referred consecutively to the Psychiatry Outpatient clinic of the Psychiatry department and healthy women as a control group were enrolled in the study. In PMDD group; those who were between the ages of 18 and 40 who were not on oral contraception, did not undergo any gynecological surgical operation and did not have any other physical or psychological disorder were included in the study [20]. Inclusion criteria for control group were being at the ages of 18–40, having no psychiatric or physical disorder, not using oral contraceptives, and having no previous history of gynecological operation. Written informed consent for participation was taken from all the subjects.

Sociodemographic, familial and reproductive period characteristics of 50 women with PMDD and 50 healthy women who met the inclusion criteria were recorded. Then, the State–Trait Anger Scale (STAS) and Premenstrual Syndrom Scale (PMSS) were administered to all subjects.

2.2. Instruments

2.2.1. Sociodemographic and Clinical Consent Form

All cases were given a sociodemographic and clinical consent form arranged as to the aim of our study, and data obtained from clinical experiences and literature. This form includes the data about; age, gender, educational status, marital status, occupation, employment status, economic status, cohabitation, people living together with, residence, age at illness onset, duration of disease, history of hospitalization, reproductive history, substance abuse, psychotropic medication usage, psychiatry outpatient clinic applications and suicide attempt.

2.2.2. Structured Clinical Interview For DSM-IV Axis I Disorders (SCID- I)

This is a DSM- IV oriented semi-structured interview form designed to diagnose the present and lifetime primary axis mental disorders by First et al. in 1997. It is translated into Turkish by Özkürkçügil et al, and its confidence trial has been accomplished in our country [21].

2.2.3. The State–Trait Anger Scale (STAS)

This scale has been developed by Spielberger and both its translation into Turkish and concurrent validity studies have been conducted by Ozer [22,23]. The scale consists of Constant anger, Anger-in, Anger-out and anger control subscales; and might be relied by all the individuals on their own. The answers given to the question “to what extent does this sentence describe you?” are categorized as; “1” not at all, “2” a little, “3” very much and “4” completely. This scale might be given to both adolescents and adults and doesn’t have a time limitation. As high scores in constant anger subscale demonstrate that the level of anger is high; the high scores in anger control subscale show high anger control ability, the ones in anger-out present that anger might be expressed easily and the ones in anger-in indicate that the anger has been suppressed.

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