Culture Influences the Health Effects of Expressing Anger

Anger is usually associated with negative life experiences and poor health in Western cultures. This is not the case in Asian cultures where anger is most often expressed by individuals with high status and prestige.

Focus of Study

This study explores the importance of cultural context in the link between anger expression and biological health risk. Using large population-based data, it compares biomarkers for cardiovascular functioning and inflammation for American and Japanese participants as well as measures of the four main facets of anger.

Background

Recent research has shown that greater expression of anger is associated with poorer health, particularly greater cardiovascular risk and inflammation, among people with less education and of lower socioeconomic status. Most of this work, however, is based on Western populations.

Anger expression has two distinct aspects. First, it can arise out of frustration when people's goals and desires are blocked. Second, it can be an assertion of dominance and intimidation. In Western cultures, in which independence and the “self” are highly valued, personal goals and desires are important. Not having the resources to achieve goals thus causes frustration, which is expressed by anger. In contrast, in Asian cultures the emphasis is on interdependence. Expressing anger is usually seen as socially disruptive in a hierarchically organized society.

Previous studies conducted by the researchers of this study have found that (i) powerful and high-status Japanese adults express more anger than those with lower status, and (ii) experience of negative emotions (anger was not measured) is positively linked to biological health risk among Americans, but not among Japanese. These results led the researchers to hypothesize that high-status individuals in Japan may actually experience better health than their compatriots who show less anger.

The negative relationship found between anger expression and biological health risk among Japanese casts doubt on the dominant belief that expressing anger generally leads to adverse effects on health.

This study also builds on pioneering research on women of various ethnic backgrounds living in Brooklyn, New York, which revealed the influence of cultural differences on the link between anger and health. This work, however, only examined one aspect of anger, chronic propensity for anger, and relied on self-reported health information. In contrast, the current study assesses all four facets of anger, including anger expression, and uses objective measures of health for two large population groups: Japanese (living in Japan) and Americans.
Greater anger expression was associated with increased biological health risks for Americans but decreased risks for Japanese. As found in previous studies conducted in Western cultures, greater expression of anger was linked to increased biological health risk among Americans. In fact, the health effects found were much greater than the results of the researchers’ previous study testing experience of negative emotions. In contrast, anger expression was associated with reduced risk, or better health, among Japanese. These associations could not be explained by gender, age, health status, smoking and alcohol consumption, chronic health conditions or reported experience of negative emotions.

Increased biological health risk was not found for other facets of anger. The researchers did not find the same relationship between poorer health and other facets of anger, such as chronic propensity for anger or how much participants suppressed or controlled their feelings of anger.

The different experiences across cultural contexts are reflected in the link between anger expression and health. Anger expression is complex and triggered by many factors, some of them culture-specific. The cultural context that creates the anger seems to be more harmful to health than the anger itself. In the United States, expressing anger may reflect the degree to which people are frustrated, experience poverty, or have low status, compounded by any other circumstances that can negatively affect health. In Japan, expressing anger may reflect the degree to which people feel entitled and privileged.

**Methodology**

The researchers examined data from the parallel Midlife in the United States and Midlife in Japan surveys using multiple measures of biological health risk. They used biomarkers of inflammation (interleukin-6 and C-reactive protein) and cardiovascular malfunction (systolic blood pressure and ratio of total to HDL cholesterol). Previous research has linked inflammation and cardiovascular function with anger expression.

They also measured four facets of anger including how often participants expressed anger both verbally or physically, chronic propensity for anger (or “trait anger”), the extent to which they suppressed anger, and the extent to which they tried to control expressing anger.

The researchers then controlled for gender, age, waist-to-hip-ratio, chronic health conditions, smoking and alcohol consumption, and reported experience of negative emotions, all of which have been linked to inflammation and cardiovascular risk in previous research.

Finally, to test whether the relationship between anger expression and biological health risk reflected social status, the educational attainment and occupational status of participants were examined. In addition, participants were asked to identify their social status on a 10-rung ladder. Each had to choose the rung that corresponded to where they believed they stood in their “own community.”

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This study is the first to draw on large population-based, cross-cultural samples to investigate the link between anger expression and health. However, longitudinal research that follows participants from different cultures over time is needed. The study’s use of multiple measures of biological health risk will encourage further investigation of the interface between sociocultural and neurobiological findings. The finding that the link between anger expression and these health risks varies across cultures underlines the need to integrate cultural perspectives into future work.

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Reference:

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