Study on Anger Aspects in Migraine

Arun Kumar Shukla[1] Dr. Parul D. Shukala[2]

[1]Research Scholar, CMJ University, Shillong, Meghalaya

[2]Lecturer, Department of Psychology, Smt. R.R.H. Patel Mahila Arts College, Vijapur, Distt.-Mahesana, Gujrat

Abstract – The study was conducted in two phases. In the first phase of the study two hundred diagnosed patients of migraine were selected and measures of presumptive stressful life events and Spiel Berger's anger expression scale and specially designed perceived intensity of pain on five points scale and frequency of attack on four point scale, was administered all the patients. The scores on perceived intensity of pain and perceived frequency of attack scale were taken as baseline scores. Only those patients having at least two attacks in a fortnight period and scored three or more on a five point scale on the perceived intensity of pain scale were selected for psychological intervention. But some patients were dropped out in between and only sixty patients were remaining for intervention. These sixty patients were randomly assigned to the three groups. Thus, there were twenty participants in each of the three groups.

Key Words; Participants, Migraine, Intervention

----------♦----------

INTRODUCTION

Headaches have an extraordinary impact and can seriously undermine the quality of life. For most of us, it is an infrequent and relatively minor inconvenience but for a substantial minority, recurrent or persistent headache is a serious disability and handicap. Some significant consequences occur for the wider community in terms of time lost from work and treatment costs due to headache. The headache disorder is mainly classified in two types- (i) primary headache disorders and (ii) secondary headache disorder. Primary headache disorders are again classified as migraine headache, tension-type headache and cluster headache. Migraine is a painful neurological condition and its symptoms are intense, throbbing and disabling episodic pain. Migraine headaches are usually characterized by severe pain on one or both sides of the head and the pain usually last from 4 to 72 hours duration and are often accompanied by hypersensitivity to light and sound and feelings of nausea. It is a condition that has always plagued the human race. Migraine is one of the most prevalent disorders seen in clinical practice today, affecting nearly 28 million people in American country. It is also a major cause of disability in the workplace and it leads to indirect costs to society greater than 13 billion dollars a year.

REVIEW OF LITERATURE

The prevalence of migraine is highest during the years of peak productivity, i.e., between the ages of 25 and 55 years (Nissan and Diamond, 2005). European and American studies indicate that 6-8% of men and 15-18% of women experience migraine each year (Blanda and Wright, 2006). It is less prevalent but still common in Asia (3% of men and 10% of women) (Scher, 1999). Thus from all this discussion we can realize that migraine is a major problem and it affects people in every walk of their life. Several kind of physiological or neurological causes play an important role in migraine. But there are several evidence which suggested that along physiological factors several kinds of psychological factors, which are also responsible in the causation in migraine headache. Among other things, stress and anger expression play an important role in the causation of migraine. Life is full of stress and different stressors of life may lead to migraine. These include marital and family status, education and occupational stress, outside interests, friendships and major life changes, such as marriage, divorce, separation, a new job, retirement or a birth or death in the family. Employment provides many stressors. All these are stressors of daily life may induce headache. Similarly a person's expression of anger also plays an important role in migraine. Whether a person expresses his/her anger outwardly or suppress this anger. It also plays an important role in migraine. Thus migraine is a psychophysiological problem for which psychological help can also be provided along with pharmacological treatment. Having this view in mind psychological

intervention in the form of relaxation training and EMG-biofeedback therapy was given to the patients. Therefore considering the importance of all these variables the present study was planned and designed.

OBJECTIVES

The following were the objectives of the study:

1. To assess the stressful life events and anger expression in migraine patients.

2. To assess the role of anger expression in migraine.

3. To assess and compare the effectiveness of relaxation training and EMG-Biofeedback in migraine.

Anger expression would be significantly and positively related to migraine.

1. There would be significant and positive role of stressful life events in migraine.

2. There would be significant and positive role of anger expression in migraine.

MATERIAL AND METHOD

This investigation was planned to identify the role of stress and anger expression in migraine patients. This study was also aimed at assessing the effectiveness of Jacobson progressive muscular relaxation and EMG-biofeedback training in treating migraine. Perceived intensity of migraine pain and perceived frequency of migraine attack were the dependent variables representing migraine and the stressful life events consisting of five components (personal items, impersonal items, desirable items, undesirable items and ambiguous items) and anger expression scale consisting of four components (total anger expression, suppression of outward expression of anger, anger out and anger control), were the independent variables.

SAMPLE:

A sample of 200 participants (male = 108 and female = 92) was selected for the present study. All the participants were diagnosed migraine patients. The sample was selected from the civil and private hospitals/clinics of Rohtak, Bhiwani, Hisar and Sirsa districts of Haryana. For the second phase of the study 60 patients were randomly assigned in three groups. Only those patients having at least two attacks in a fortnight period and scored three or more on a five point scale of perceived intensity of pain were selected for the intervention part of the study. All these 60 patients were randomly selected for the psychological intervention. Here, 20 patients were given Relaxation training alternatively for fifteen days and 20 patients were given EMG-biofeedback therapy in the same way. One control group of 20 patients was also selected to which no psychological intervention was given. All these 60 patients were taking medications during psychological interventions and there were about equal number of male and female patients in each group.

TOOL USED:

1. State-Trait Anger Expression Inventory-2 (Spielberger, 1988).

2. Perceived intensity of migraine pain and frequency of migraine attack scale.

PROCEDURE:

The study was conducted in two phases. In the first phase of the study two hundred diagnosed patients of migraine were selected and measures of presumptive stressful life events and Spielberger's anger expression scale and specially designed perceived intensity of pain on five points scale and frequency of attack on four point scale, was administered all the patients. The scores on perceived intensity of pain and perceived frequency of attack scale were taken as baseline scores. For the second phase of the study a sample of seventy five patients was selected. Only those patients having at least two attacks in a fortnight period and scored three or more on a five point scale on the perceived intensity of pain scale were selected for psychological intervention. But some patients were dropped out in between and only sixty patients were remaining for intervention. These sixty patients were randomly assigned to the three groups. Thus, there were twenty participants in each of the three groups. The three groups were randomly assigned to three treatment condition. One group was given Jacobson progressive muscular relaxation training (JPMR). The second group was given EMG-biofeedback training and the third group was taken as the control group. The participants in the JPMR relaxation group were given relaxation training as designed above in every alternative day for fifteen days. Similarly, the participants in EMG-biofeedback group were also given training for every alternative day for fifteen days. The patients were also taking medication during psychological intervention. All the patients were retested on perceived intensity of pain and severity of attack scale after the end of the psychological intervention.

STATISTICAL ANALYSIS:

The obtained data were analyzed by employing measures of central tendency and variability as descriptive statistics.

Pearson coefficients of correlation and stepwise multiple regressions were also calculated. For the effect of psychological intervention, ANOVA suitable for multi-group designs with Duncan's post-hoc test was used. Paired sample t-test was also used for comparing the baseline scores on perceived intensity of pain and frequency of migraine attack and the retest scores after intervention in the form of JPMR, EMG-biofeedback and control group.

CONCLUSION

- In case of total sample the results of anger expression indicated that total anger expression, suppression of outward expression of anger (anger-in) and outward expression of anger (anger-out) were significantly and positively correlated with perceived intensity of migraine pain. As far as perceived frequency is concerned total anger expression, suppression of outward expression of anger (anger-in) and outward expression of (anger-out) were also significantly and positively correlated with perceived frequency of migraine attack. However, control of outward expression of anger (anger-con) was not significantly and positively correlated with either perceived intensity of pain or perceived frequency of migraine attack. Rather it was negatively correlated with perceived intensity and frequency of migraine attack.

- For males, total anger expression, suppression of outward expression of anger and outward expression of anger were found to be positively and significantly correlated with perceived intensity of migraine pain. However, control of outward expression of anger was not found to be correlated with perceived intensity of migraine. Similarly as far as perceived frequency of migraine attack is concerned total anger expression, suppression of outward expression of anger and outward expression of anger were not positively and significantly correlated with perceived frequency of migraine attack in males.

- In case of females outward expression of anger was found to be positively and significantly correlated with perceived intensity of migraine pain in females. However, total anger expression and suppression of outward expression of anger were not found to be correlated with perceived intensity of migraine pain. As far as perceived frequency of migraine attack is concerned, total anger expression, Suppression of outward expression of anger (anger-in) and outward expression of anger correlated significantly and positively with perceived frequency of migraine attack. Here, also control of outward expression of anger was not found to be correlated with perceived frequency of migraine attack.

- Suppression of outward expression of anger was turned out to be the significant predictor and control of outward expression of anger was turned out to be the negative predictor of perceived frequency of migraine attack whereas, total anger expression and impersonal stressful events of life were turned significant predictors of perceived intensity of migraine pain for the total sample.

- Suppression of outward expression of anger was turned out to be the significant predictor of perceived frequency of migraine attack total anger expression was turned as the significant predictors of perceived intensity of migraine pain in males.

- Suppression of outward expression of anger was turned out to be the significant predictor of perceived frequency of migraine attack whereas impersonal stressful events and outward expression of anger were turned as significant predictors of perceived intensity of migraine pain in females.

REFERENCES

Abu-Arafeh, I. and Russel, G. (1995). Prevalence and clinical features of abdominal migraine compared with those of migraine headache. *Archives Distribution Child,* 72, 413-417.

Abu-Arefeh, L., and Russell, G. (1994). Prevalence of headache and migraine in schoolchildren. *British Medical Journal*, 309, 765-769.

Alexander, F.G. and French, T.M. (Eds.). (1948). *Studies in psychosomatic medicine: An approach to the cause and treatment of vegetative disturbance,* New York: Ronald.

Blanchard, E.B. and Andrasik. F. (1985). Management of chronic. *Headaches: A psychological approach*, Elmsford, NY: Pergamon Press.

Blanda,M.andWright,J.T.(2006)(website) http//emedicine.medscape.com/article/1144656overview. On 24/12/10

Bové, F.J. (1970). *The Story of Ergot*, New York: Karger.

Breslau, N., Davis, G. and Andreski, P. (1991). Migraine, psychiatric disorders, and suicide attempts: An epidemiologic study of young adults. *Psychiatry Research*, 37, 11-23.

Buss, A.H. (1961). *The Psychology of Aggression*, New York, Wiley.

Cepeda, M.S. and Carr, D.B. (2003). Women experience more pain and require more morphine than men to achieve a similar degree of analgesia. *Anesthesia Analogy*, 97,1464-1468.

Chang , L., Heitkemper, M. M. (2002). Gender differences in irritable bowel syndrome. *Gastroenterology*.123, 1686-1701.

Compas, B., Davis, G. and Forsythe, C. (1985). Characteristics of life events during adolescence. *American Journal of Community Psychology*, 13, 677-691.

Douglas, V. (1972). Stop, look, and listen: The problem of sustained attention and impulse control in hyperactive and normal children. *Canadian Journal of Behavioural Science*, 4, 259-282.

Funkenstein, D.H., King, S.H. and Drolette, M.E. (1954). The direction of anger during a laboratory stress-inducing situation. *Psychosomatic Medicine, 16,* 404-413.

Gladstone, T., Kaslow, N., Seeley, J., and Lewinsohn, P. (1997). Sex differences, attributional style, and depressive symptoms among adolescents. *Journal of Abnormal Child Psychology*, 25, 297-305.

Hammen, C. (2009). Stress exposure and stress generation in adolescent depression. In S. Nolen Hoeksema and L. Hilt (Eds.), Handbook of depression in adolescents: New York. *Taylor & Francis Group*.