

## **ANGER MANAGEMENT**

### **4 Contact Hours**

**Alene Burke & Associates is approved as a provider of Continuing Education by the Florida Board of Nursing, Provider # 50-2502**

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#### **PURPOSE OF THE COURSE:**

The purpose of this course is to provide the learner with a thorough introduction to anger and anger management techniques. The content of the course includes emotions, anger, the beneficial and deleterious effects of anger, triggers, the assessment and diagnosis of anger, and anger management resources and tools, including psychological counseling, additional readings, relaxation techniques, cognitive restructuring, new skills acquisition and a healthy lifestyle.

#### **OBJECTIVES:**

At the conclusion of this course, the learner will be able to:

1. Define anger and identify how this emotion has both beneficial and detrimental effects.
2. Discuss how anger is assessed and diagnosed, including the need for personal introspection and diagnosis.
3. Manage and control anger with an effective anger management program that includes readiness, self awareness, identification of triggers, a commitment to change and a variety of anger management tools and techniques such as relaxation techniques, cognitive restructuring and new skills development.
4. Utilize community resources, such as psychological counseling, and additional readings to continuously assess unhealthy anger.

#### **INTRODUCTION**

Emotions are psychological states related to feelings. Some examples of human emotions include joy, anxiety, fear, sorrow, grief and anger. Emotions lead to many things, including our own thoughts and actions.

They trigger our cognitive processes; they can alter our perceptions; and they can trigger physical responses and behaviors.

Philosophers, prophets, poets, psychologists have recognized human emotions in nature. They have also researched the significance of them as well as their effects. Anger is a human emotion that has long been researched and explored. Like so many emotions, anger can be both helpful and harmful. Anger can be beneficial but it can also lead to very deleterious effects. It, therefore, must be managed and controlled before it grasps control of its holder.

"An emotion is a tendency to feel, and an instinct is a tendency to act, characteristically, when in the presence of a certain object in the environment. But the emotions also have their bodily "expression," which may involve strong muscular activity (as in fear or anger, for example); and it becomes a little hard in many cases to separate the description of the "emotional" condition from that of the "instinctive" reaction which one and the same object may provoke.... Every object that excites an instinct excites an emotion as well. The only distinction one may draw is that the reaction called emotional terminates in the subject's own body, whilst the reaction called instinctive is apt to go farther and enter into practical relations with the exciting object." (William James 1842-1910)

*The Columbia World of Quotations*. New York: Columbia University Press, 1996. [www.bartleby.com/66/](http://www.bartleby.com/66/).

## **THE EVOLUTION OF RESEARCH ON EMOTIONS**

Charles Darwin, in 1872, published *The Expressions of the Emotions in Man and Animals*, which marked the beginnings of research and our explorations into human emotions. Darwin's work in the area of human emotion provided the foundation and framework for future affective neuroscience research into emotions.

Darwin observed expressive human behaviors and emotional responses. He observed individual differences in emotions and emotional responses. Specifically, he observed developmental differences, gender differences and differences between those with and without a psychiatric disorder. He believed that those with a psychiatric disorder are less able to control, or manage, their emotions than those not affected with a psychiatric disorder. He also noticed that the heart and the brain contained the keys to understanding emotions and the expressive behaviors that resulted from emotions.

Darwin believed that emotions were innate, that is, we are born with them as a human being. He also believed that emotions are similar among human beings. Current research is expanding upon his early scientific observations. Current areas of research are exploring emotions in terms of individual variations, and how emotions can be controlled in both automatic and voluntary ways. (Davidson, 2003)

William James, an American psychologist and philosopher, published his *Principles of Psychology* after the earlier work of Charles Darwin. William James' controversial theory about emotion argues that physical attitudes and activities precede emotions and an emotional state. According to James, it is the body's physical changes that cause emotion, not the emotions that lead to physical changes (Gale Group, 2001).

Contemporary research and historical positions, particularly in religious and philosophical studies, indicate that emotions can and should be controlled particularly when the emotion is a negative one, such as anger is. Religious literature often refers to anger as passion, an evil force that is destructive to the soul and, therefore, something that must be controlled. Control of emotion is within the capability of a rational, sentient being.

Current research into emotions includes investigations about how emotions are triggered, the neural, physiological and cognitive activities associated with emotion, and the effect of emotion on learning, perception and memory as well as the relationship of emotion to the individual's personality and personality traits and the adaptive nature of emotions.

### **ANGER: WHAT IS IT?**

Anger is an emotion that can be quite powerful at times. Simply stated, anger is an emotion of displeasure that can range from a mild, fleeting and transient sense of displeasure or annoyance to full-blown and longer lasting rage and fury.

Anger is, however, more than a lack of happiness; it is the presence of displeasure or annoyance in its fullest sense. It is perhaps one of the most poorly managed and most understood of all our human emotions.

On a daily basis today, we hear about and read about crimes of passion, acts of random and targeted violence, "road rage", domestic violence and "hate crimes" from all of our media sources. Anger appears to touch the lives of all people at all ages. Young children bully

and threaten others in their schools and neighborhoods. Those that are bullied sometimes react with unspeakable violence by randomly killing their own teachers and fellow students. Young adults and adolescents act out their anger by extinguishing the lives of their peers for seemingly minor triggers such as a disparaging remark about one's attire, etc. This age group also has demonstrated violence with the murder of their own parents when they become angry because a parent does not like the person they are dating or because they cannot accept the boundaries established by the parent(s). Adults sometimes react to their anger with domestic violence directed against a spouse or loved one. Some of the triggers that precipitate the emotion of anger among all age groups include threats, harassment, frustration and disappointment.

Anger can result from internal and external stimuli. You could become upset and angry with yourself due to some internal stimulus, such as a personal failure, and you can become angry with others for something that they have done or said. This is an example of an external stimulus that can trigger anger.

Anger, nonetheless, is a natural response that allows us to adapt to and respond to threats. In this sense, it is highly beneficial and essential to our own survival in this world. The most natural, innate way for human beings to express their anger is to instinctively respond with aggression when the anger is not controlled. Aggression, as we know however, is not socially acceptable nor is it legal to act with many forms of aggression. It must, therefore, be controlled. Additionally, anger causes detrimental physical effects. Physiologically, according to Charles Spielberger, anger results in hypertension, tachycardia, and increase levels of noradrenaline as well as adrenaline. (The American Psychological Association, 2005).

Generally speaking, human beings react and deal with anger in one of three different ways.

1. They can *suppress* the anger,
2. *express* the anger, or
3. *calm down* their inner self.

Of these three methods of dealing with anger, the healthiest option is *expressing* the anger in an assertive, constructive manner without aggression and without violating the rights of others to be respected for their own opinions. In order to succeed with this healthiest response to anger, the individual must be able to clearly define what

their needs are and how they can be best met. Assertiveness is one way of expressing one's needs and opinions. Assertiveness is not being pushy, aggressive or demanding. It is respectful of others and their rights, however, it is an effective way to express anger and to achieve your personal goals. (American Psychological Association, 2005).

Suppressed anger in its healthiest form is anger that is temporarily *suppressed* until it can be converted into more constructive action, such as assertively expressing it. If anger continues to be suppressed without resolution, however, it can lead to a number of physical and psychological disorders. It also leads to additional problems, such as passive-aggressive behavior, a hostile and cynical personality and failed interpersonal relationships. (American Psychological Association, 2005).

*Calming down* involves controlling angry reactions that can lead to harmful behaviors. Calming down necessitates that the individual take actions to alter the physiological and psychological reactions to the emotion of anger. Physiologically, the person could take deep breaths to decrease their heart rate and perhaps use imagery to simmer down the feelings of anger. (American Psychological Association, 2005).

### **ANGER: A BENEFICIAL AND DETRIMENTAL EMOTION**

Anger is both beneficial and detrimental. The effects of anger, in terms of its potential benefit or harm, are contingent on how it is managed and/or expressed by the individual. It is not the emotion of anger that causes harm or damage to self or others, it is resulting actions and reactions to the anger that lead to harm and damage.

Anger can be experienced in one of two ways. Anger can be directed at self and it can be directed at another or another thing. For example, a person may be angry at themselves for some personal failure, or they can direct anger to a spouse or loved one because of something that they have done or failed to do.

Nonetheless, anger can be a highly effective way to adapt to changes in our environment. It can help us to learn; it motivates us and it can facilitate our ability to successfully achieve our goals and solve our problems.

Some people tend to experience more intense anger than others. They may act out of control more than others do. A psychologist, Jerry Deffenbacher, believes that some people are more prone to getting angry than others. He also believes that some experience more intensity of anger than others when given the same stimulus. He has

researched angry people and has also found that many angry people do not always express it and deal with it in a healthy manner. These people may become chronically sulky and socially withdrawn. (American Psychological Association, 2005)

Those people who tend to become angry more than others and/or experience more intense anger than others have been observed to have a lower tolerance for frustration than others. In a sense, these people are at high risk for frustration and anger. Why, however, do some have a lower tolerance to frustration than others? More research has to be done in order to answer this question with certainty.

At the present time, some researchers believe that there may be a causal relationship between anger and genetics. Proponents of this causal theory support it through their observations of newborns and young children. They have noticed that some are simply born with the traits or states of irritability and being easily angered.

Other researchers support the theory that anger is a learned sociocultural trait or state. This school of thought believes that angry human beings have not been taught how to channel and control anger in a constructive manner. Instead, they believe, that angry people act out in an angry way because they have never learned a healthier, more constructive way to deal with their anger, a natural human emotion.

Additionally, there appears to be a positive correlation between dysfunctional, chaotic families and angry people. This school of thought supports a familial tendency to be angry. Some of the underlying forces that lead to this familial tendency include poor communication patterns and skills, particularly when it comes to expressing emotions. These people are not able to express their anger and frustration in a beneficial and healthy way. Instead, they translate their anger into angry words and actions. These words and actions are the only way they know to ventilate their feelings. Based on these thoughts, learning better communication skills is one way to cope with anger. (American Psychological Association, 2005)

## **THE BENEFICIAL ASPECTS OF ANGER**

Powers (2002) believes that anger is a healthy human emotion and force that facilitates human adaptation and enables humans to effect change as well as overcome helplessness and the paralysis associated with a helplessness state of disempowerment. Humans will give up and feel helpless and out of control of situations when they are not motivated to effect change. Anger is the antidote of helplessness.

Powers states, "I have found that, at times, there is no healthier or more motivating emotion than anger. And anger, more than any other emotion, is the one that is most unhealthily suppressed by society." (Powers, 2002)

Anger is not always socially unacceptable, however, according to Powers. "Revolution isn't based on calm reasonableness, but the fact that enough people became angry at the status quo and fought to effect change. Sure there's almost always an element of self-serving greed at the heart of most revolutions, but the impetus was anger. Injustices aren't fought because a person, in a moment of love for humanity, happened to decide to devote time to fighting the injustice. The person saw something that made them angry, and their love of humanity helped channel that anger into positive results." (Powers, 2002)

Historical events and trends would not have been possible without healthy anger. Healthy anger, that is anger that is controlled and channeled into constructive change, benefits not only the individual but society at large. The civil rights movement, the rights of women to vote and end to unpopular conflicts, such as the Vietnam Conflict were only made possible because of passionate healthy anger and the commitment to change. (Powers, 2002)

## **THE DETRIMENTAL ASPECTS OF ANGER**

One of the leading experts in anger and anger management is Duke University Medical Center's psychiatrist Dr. Redford Williams. Dr. Williams is recognized as a national and international expert in anger and anger research. Among his many publications are ten books including *Anger Kills* and *Life Skills* and over 150 articles on anger and its deleterious effects. His research has added to our current body of knowledge relating to anger and anger management. He has investigated and explored the:

- relationship of anger and hostility to coronary heart disease and other serious physical disorders;
- effects of behavioral interventions in decreasing the damaging effects of the psychological risk factors that increase the incidence and severity of medical disorders.
- genetics and the role of genes in the neurotransmission of serotonin (Duke University, 2003)

In 2002, Kassinove, Tafrate, and Dudin in the *Journal of Clinical Psychology* published their findings regarding the harmful affects of anger. According to these researchers, anger leads to:

- negative verbal responses to others;
- physically aggressive behaviors;
- drug use; and
- adversely altered social and interpersonal relationships.

In summary, anger can negatively affect our physical health, our psychological health and well-being. It is also capable of adversely affecting our social relationships, including those with our loved ones, our employers and the clients that we provide our healthcare services to. Anger is a natural human emotion, however, it must be managed and controlled or physical, psychological and sociological harm will affect the angry person. (Holloway, 2003).

### **SUPPRESSED ANGER**

Although anger is an emotion that should be recognized and controlled, it should not be suppressed. The suppression of anger can also lead to harmful physical, psychological and social damage. Suppressed anger can lead to cardiovascular problems, such as hypertension, and other physiological effects like headaches and skin disorders.

Some of the psychological manifestations of suppressed anger include anxiety, insomnia and depression. Socially, suppressed anger, that is not recognized and dealt with, can lead to the disruption of social relationships and interactions. "What's even worse is the correlation between the dangers of uncontrolled anger and crime, emotional and physical abuse, and other violent behavior." (Duke University, 2003).

Suppressing anger can lead to frustration and resentments as well as confusion in relationships. When anger toward an individual is suppressed, the affected individual is not direct and open with the person. Instead, they may avoid and withdraw from the person and sidestep the issues at hand. Avoidance and withdrawal is not productive or constructive. This kind of behavior tends to jeopardize relationships because it leads to the avoidance of another and the withdrawal of the angry person from the relationship. (University of South Florida, 2004)

"When angry count to ten. When very angry, count to 100." (Thomas Jefferson)

Williams has developed a list of four basic questions that should be answered before responding a situation that evokes anger. These questions are:

1. Is the situation at hand important enough to be angry about it?
2. Is the anger appropriate to the situation?
3. Is there any way that you can change the situation and/or insure that it does not happen again?
4. Is the situation worth an angry response?

If, after asking these questions, there are four positive "yes" responses, then the individual should act on the anger. If any of these four questions are responded to with a "no" response, then the healthy thing to do is to recognize your anger and change your response to the situation. There is nothing you can do to change it. "The key thing, though, when you get four yeses - it means you should be taking change your reaction rather than change the situation." (Williams, 2001)

Merny Schwartz (1997) and others from Duke University have researched anger and found a positive correlation between Type A personalities and anger. It may be, according to these researchers, that it is the anger not the Type A personality that causes deleterious physical effectives. Chronic heart disease in Type A personalities is related to anger, depression and anxiety. This group also believes that expressing anger leads to more psychological and physical damage than holding it in and suppressing it.

When people experience the phenomena of anger, they feel victimized. They often feel that they are being treated in an inequitable manner. Feelings of victimization are often accompanied with feelings of helplessness, defeat, depression and demoralization.

Generally speaking, anger results when there is a gap between what is expected and what one gets. When people are controlling and expectant, they enter into relationships with a laundry list of expectations. Some of these expectations are explicitly expressed verbally and/or in writing and many are implicit and not expressed. The challenges associated with our expectations are least when our expectations are few and relatively easy to accomplish. Complexities and difficulties arise in a progressive manner when the list of

expectations becomes longer and longer as well as when the expectations become more and more difficult for others to fulfill. Unrealistic expectations are the greatest challenge of all. They cannot be met and, therefore, may become a source or trigger of anger and frustration. (Schwartz, 1997).

Anger is also perpetuated for some people because they are rewarded for it. They get positive reinforcement and secondary rewards from others when they are angry and acting in an angry manner. Others support, and reward, internal beliefs that the angry person has been wronged and victimized by others and, therefore, entitled to feel and be angry. For example, a friend or co-worker perpetuates anger when they tell a person they have been wronged, and therefore, entitled to be angry when their spouse has been fired from their job for tardiness. The angry person is getting positive reinforcement and secondary rewards, such a sympathy and getting attention, from their friend or co-worker.

### **HOW ANGER IS DIAGNOSED**

As stated previously, anger is probably one of the most understood of all human emotions. Despite this fact, the direct and indirect results of anger are encountered on a daily basis in our courts, in our psychiatric mental health facilities and in our daily lives. In fact, psychologists see many angry patients on a regular basis in their offices. The issue for them is not how to recognize anger in their clients, but, instead, how to treat it.

"Psychologist Howard Kassinove PhD, of Hofstra University, says the number of patients he saw clinically for problem anger just didn't correspond with the relative lack of attention to it in the academic literature. "Anger has been an understudied emotion," he says. "I was in clinical practice for more than 25 years. An enormous number of people come in with anger problems, but the literature base is small, there are no anger diagnostic categories and psychology textbooks rarely mention anger." (Holloway, 2003)

Questions, other than how to treat anger are also common. When does normal anger become a problem? When is professional intervention necessary in order to help a person to control and manage their anger? Kassinove, in 1997, found that most people experience anger a few times a week and that 58% of these anger events are accompanied with verbal behaviors such as screaming or yelling. Less than 10% of these episodes do result in some physical actions, such as tossing things, but for the most part this physical aggression is mild. When, however, does anger move beyond what is considered normal

and move into the arena of being dysfunctional and problematic to the individual?

At the current time, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) does not even have diagnostic criteria for anger, a commonly occurring human emotion. Deffenbacher states that "The DSM doesn't have any diagnostic categories where anger is the presenting issue," (Holloway, 2003) despite the fact that it has psychological and social ramifications that disrupt normal routines and social relationships.

Some psychologists believe that anger should not have diagnostic criteria because anger is a symptom of a disorder rather than a disorder itself. Other, such as Raymond DiGiuseppe, PhD feels the need to research and develop a set of diagnostic criteria that would facilitate the diagnosis of dysfunctional anger. Until this is accomplished, DiGiuseppe and others feel that specific treatments and interventions cannot be used predictably to treat dysfunctional anger. Di Giuseppe states that, "We have no such distinction for anger. Everyone gets the same treatment." (American Psychological Association, 2003; Holloway, 2003)

### **READINESS TO CHANGE: THE FIRST STEP IN MANAGING ANGER**

The University of South Australia (2003) has researched anger and anger management strategies. One of their research studies explored the benefits of an anger management program for 200 violent offenders. The results of this research suggest that when a person is motivated and ready to begin an anger management intervention program, they will benefit from it. Those that were not ready and motivated to begin an anger management program showed no improvement in their ability to manage anger. It is, therefore, essential that people are motivated and ready to begin anger management strategies. Forcing people to engage in this effort futile.

The following seven characteristics should be considered as part of a successful anger management program.

1. *The setting* where the treatment is given. Research indicates that community settings are more beneficial and successful than institutional settings.
2. *The person* and the complexities of their underlying psychological and psychosocial problems. Those with an underlying psychological disorder, such a substance abuse problem or a personality disorder, do not benefit as much as those without these underlying disorders. It is, therefore,

- essential that underlying disorders be addressed and treated. Additionally, a dysfunctional family history reduces a person's readiness to embark upon and benefit from an anger management program. This history, which may indicate the presence of dysfunctional communication patterns and other problems should, therefore, also be addressed and corrected.
3. *Coercion and pressure do not serve as motivators.* In fact, people that are forced or coerced to participate in anger management are less likely to benefit than those who perceive the need to change and enter voluntarily. Personal intrinsic motivation is, therefore, essential to the person's success.
  4. *Current beliefs and attitudes* about anger and an anger problem also affect motivation and readiness for an anger management program. People who have the belief that anger is completely appropriate and useful have much more difficult time accepting and benefiting from an anger management program. These people may believe that it is others, not themselves, that are the source of their anger problem. They may fail to understand that they can do something about their angry reactions to others.
  5. *Culture and ethnicity.* For example, South Australia University research indicated that, "Ethnic and cultural differences result in treatment programs that do not accommodate the needs of some groups and require modifications. This is particularly important for populations in which minority cultural groups are over-represented, for example, in Australia, where more than 20 per cent of imprisoned offenders are from the Aboriginal community." (University of South Australia, 2003). Culturally and ethnically diverse anger management programs must be developed to meet the various populations' ethnical and cultural characteristics and needs.
  6. *Gender.* Men and women differ in terms of what triggers and precipitates their anger. Treatment strategies, therefore, should also be different for each of the sexes, as based on these gender differences.
  7. *Personal goals.* "Anger is typically provoked by obstacles to personal goal attainment so treatment programs have to fit with the personal goals of offenders." (University of South Australia, 2003).

Readiness and level of motivation should be assessed before recommending an anger management intervention. Ideally, the source of motivation should be intrinsic. Internal motivation is much more effective than external forces mandating a person to manage their anger. "Readiness can be determined when offenders recognize that

they have an anger problem, assume personal responsibility for their behavior, can formulate treatment goals, have positive expectations of the program offered, and believe they are capable of change.” (University of South Australia 2003)

### **BEGINNING AN ANGER MANAGEMENT STRATEGY**

Anger management should follow an orderly planned, stepwise process, as follows:

1. *Become aware of your anger and prepare to change.* Change is never easy but it certainly is helpful, particularly when the change will lead to improved physical, psychological and social well being. Awareness of one’s anger and the problems that it has caused is a great motivator.
2. *Begin your change process.* Identify your anger triggers. Identify people and situations that anger or annoy you. Attempt to avoid or escape from these situations and people as much as possible. Be also aware of the fact that there are some people and situations that cannot be avoided with escape. These unavoidable have to, therefore, be dealt using a strategy or using multiple strategies, other than avoidance and escape. Use the appropriate strategies to manage and control your anger. Practice these strategies over and over until they become second nature to you. These skills often take a lot of practice in order to become effective and a part of your everyday life.
3. *Accept and forgive others* as you continue your anger management program.
4. *Have a long term plan* to prevent a relapse to old behaviors. Once you have mastered strategies to control and manage your anger, make a life time commitment to using them (Holloway, 2003)

It is impossible to change overnight. It is impossible to get rid of all of the things that anger and annoy you. You cannot change people. People have to change themselves. There are also realities in life that cannot be eliminated or avoided. These things, too, are out of your control. There is nothing that you can do to ease the slow moving traffic during the rush hour commute to and from work. Rationally, there is nothing you can do about this heavy traffic. It is an unavoidable fact of life that you must learn how to accept and deal with. (Schwartz, 1997).

## USEFUL ANGER MANAGEMENT TOOLS & TECHNIQUES

As with most stress management techniques, one of the primary things that you can do to manage and control your anger is to change the way you think about the situation that triggers the anger. *Change your perception* of the situation and the level of the anger will change too.

Another good strategy is to *change your expectations*. The more you expect, the angrier you may become when these expectations are not fulfilled. Things are not always as ideal as you would like them to be. You will be less frustrated and angry when you expect little or nothing from others. (Schwartz, 1997).

Deffenbacher believes that there are essentially three strategies to reduce anger. They are:

- relaxation and progressive relaxation;
- skills development; and
- cognitive intervention.

One or a combination of one or more of the above strategies is the only evidence based strategies to deal with anger, according to Deffenbacher. All of these strategies require practice. (Holloway, 2003).

Relaxation techniques have been shown to reduce the anger levels of college students from a high 85<sup>th</sup> percentile, as measured on the Spielberger's Trait Anger Scale, to normal levels. As Deffenbacher states, "You can't be calm and relaxed and pissed off as hell at the same time." (Holloway, 2003).

When treating anger, the individual is taught to use *progressive relaxation techniques* whenever they are confronted with personal triggers. The person is taught to think a minute or two about the noxious stimuli, like the rush hour traffic jam, and then move into progressive relaxation. After time and practice with this strategy, the person will learn how to experience the trigger and then turn to relaxation techniques, instead of angry actions and words (Holloway, 2003).

The second technique is *skills development*. There are a wide variety of skills that people can learn and develop in order to better manage and control their anger. For example, if the person is very abusive towards patient or resident, they will probably benefit by learning and

developing better communication skills. If a person is an angry, abusive parent, they can benefit from learning better and more effective parenting skills (Holloway, 2003).

Lastly is *cognitive change*. Cognitive change is used in anger management programs in order to get the individual to identify the source of the anger and to employ different strategies to change their perception of the situation. When perceptions of the situation change, the body's response to the situation will change as well (Holloway, 2003).

As stated previously, a combination of more than one of these three basic strategies (relaxation, skills development and cognitive interventions) is most effective in terms of anger management and control. It is also important that you seek out others who can help you to deal with your anger and be supportive of you and your efforts as you learn how to manage your anger in a better, healthier and more constructive manner. At times, professional psychological intervention is also necessary.

### ***Acknowledge Your Anger***

Using introspection, explore your anger. What is it doing to you? What is it doing to your life? Is it causing problems? Has it led to problems with those you love? Has it led to problems in your work life? Is your health affected by your anger? Is your anger making you unhappy?

If you have responded to any of the questions above with a "yes" response, it is time to do something about your anger. Acknowledge your anger. Acknowledge that you are having a problem coping with your anger and acknowledge the fact that you can do something about it with change.

### ***Compile a Hostility Log to Better Understand Your Anger***

Every time you feel angry or cynical, jot it down in your hostility log. Record the date, time of day, details of the incident or situation, the intensity of your feelings and what you did as a reaction to the anger (Williams, 2001).

This log will help you to identify the frequency and severity of the anger as well as the nature of the situations that provoke the anger and the angry feelings (University of South Florida, 2005).

### ***Identify Your Triggers***

Is there a particular person that triggers your anger? What kinds of situations trigger your anger and aggression?

Does a particular person trigger your anger? Exactly what is it about this person that triggers your anger? Is it the way that they speak to you? Is it the tone of their voice that triggers the anger? Is it the way that they act towards you? Have they done or said something that is hurtful, cruel, or mean?

What kinds of situations trigger your anger? Is it crowds? Is it the hurried pace with which you are expected to work? Is it the multitude of demands that people make on you? Is it the performance of your many roles that is triggering your anger? Do you get angry about the responsibilities you have, as associated with motherhood, marriage, work, school and caring for an elderly parent? Do you get angry when your needs are not met by others? Do you get angry and frustrated when your expectations of others to not get fulfilled?

Triggers vary among people. Things like waiting on long lines at the grocery store triggers anger among some people at the same time that others remain unaffected. Some people may even enjoy standing on line and chatting with neighbors or friends. Know your own triggers.

Triggers can be:

- *Physical.* Some people get triggered into anger when they are tired, sick, thirsty, hungry or in pain. Try to get adequate sleep and rest. Get plenty of exercise and eat a nutritious diet. Prevent physical stressors by staying healthy and rested. Healthy lifestyle changes can help to eliminate and/or avoid the physical triggers that you are experiencing. Current information about a healthy diet and exercise is discussed below.
- *Emotional.* A person may be triggered to anger and acting out inappropriately if they have a chronic or transient emotional problem. Stressors are cumulative; they add up. Stressors also tend to worsen when they are prolonged, rather than fleeting.

All people, even those without an underlying psychological disorder, experience life's stressors on a regular basis. When these stressors weaken a person's coping mechanisms, they may need professional help because they are no longer able to avoid angry feelings and inappropriate responses to anger. Fatigue, stress, depression, fear and anxiety can place a person at

greater risk for anger and angry feelings. Relaxation and other techniques, described below, are quite helpful in decreasing the effects of everyday stressors.

People with a chronic psychological disorder must continue their treatment regimen without fail. Medications and psychological counseling, for some, is a lifelong commitment.

- *Environmental Triggers.* A person can become angry because they are too hot, too cold or they are too uncomfortable. Others may be triggered by environmental noise. Learn to avoid noisy crowds if this triggers you. Again, avoiding triggers is very important.
  
- *Communication Triggers.* Some people get triggered to anger and retaliation when they are unable to communicate with another. An individual will become frustrated when they cannot express what they want to say and/or when they perceive that a person is not listening to them. At times we have to accept the fact that people generally listen but they do not always agree to what you are saying. Learning new and better communication and negotiation skills may be helpful to you if you have identified communication as an anger trigger.

## **AVOIDING TRIGGERS AND OTHER TECHNIQUES TO COPE WITH AND ADAPT TO FEELINGS OF ANGER**

Avoid triggers whenever possible. Remove yourself from the person or situation that is causing you to feel angry or aggressive. If this is not possible try one or more of the following anger management adaptation tools.

*Assertiveness.* Use "I" messages instead of "You" messages. Being assertive is NOT being aggressive. Instead of saying, "You make me angry every time you yell at me", say, "I am feeling upset now. I get hurt when you yell at me." The American Psychological Association (2005) believes that assertiveness is the healthiness way to express anger.

*Relaxation Techniques.* There are a number of effective relaxation techniques that you can choose from. Some are not suitable to all environments and at all times. For example, progressive relaxation in

a supine position is not feasible at work or when you are stuck in a traffic jam. Others can be used in virtually all places and at all times.

Try *deep breathing*. Take a deep breath. Hold it and then exhale. Take another deep, cleansing breath, hold it and then exhale slowly as your stress and anger leaves.

Use *progressive relaxation*. Try these simple steps:

1. "Breathe deeply, from your diaphragm; breathing from your chest won't relax you. Picture your breath coming up from your "gut."
2. Slowly repeat a calm word or phrase such as "relax," "take it easy." Repeat it to yourself while breathing deeply." (American Psychological Association, 2005)

Try *meditation*.

Learn and use *guided imagery*.

*Cognitive restructuring* is also highly useful. Change your perception of what is happening what you get angry or upset. For example, use logical thinking and analyze whether or not getting caught in rush hour traffic is as catastrophic as you think it is.

If being diagnosed with terminal cancer is a 10 on a scale of 1 to 10, in terms of severity within the grander scheme of things, and getting caught and seeing your family caught in a raging Tsunami is also a 10 in terms of severity, then getting stuck in rush hour traffic is probably only a 2 or a 3. It is far from being catastrophic and disastrous when compared to terminal cancer and a raging Tsunami. It certainly is not a 10. Additionally, traffic is outside of your personal control. There is absolutely nothing you can do to relieve the rush hour congestion. It is a fact of life. It is inevitable. Instead of saying to yourself that this traffic is terrible, simply tell yourself that all the anger and frustration in the world are not going to change it.

*Logical thought* is also an effective tool to defeat anger. Replace illogical anger with logical, rational thought. It is not logical to think that the world is out to get you. It is also not logical to think, "our unit is always understaffed" or "we never get any help". Few things always happen. Few things in life never happen. Thinking as if they do, provokes angry feelings.

Master effective *problem solving skills*. Our lives are often filled with challenges and problems. We have problems that have to be solved in our homes and in our workplaces. Unresolved problems lead to anger and frustration. This anger or frustration should motivate us to act and to effectively solve the problem. Again, anger is a natural adaptation response that very often promotes creative and successful problem solving, however, not all problems can be solved. In these situations, we should focus our energies not on solving unsolvable problems, but instead, on how we are going to handle the problem and how we can cope with it in a healthy way rather than being consumed with frustration and anger about not being able to find a solution.

*Try Thought Stopping.*

*Exercise.* Exercise is healthy and calming. Even nonstrenuous exercise, like yoga or walking, is highly beneficial.

Use *Humor*. Learn how to laugh at yourself and situations that trigger your anger. Use humor to defuse anger, aggression and rage. Humor changes your perspective on life and the situation. Suddenly, things do not seem as important as they did when you find humor in the situation.

*Positive Self Talk.* Talk to yourself. Tell yourself that you are a good person. Tell yourself that you can overcome your anger. Tell yourself that you can learn new skills and that you are a valuable human being that can succeed.

*Sharpen Your Communication Skills.* Slow down. Become a good listener. Listening is an often overlooked part of communication. Listening is not a passive activity, it is an active one. Good listeners focus on more than just hearing. Active listeners continuously concentrate on the content and intent of the message being sent to them by another. They also focus in on the underlying feelings behind the spoken words of the sender of the message.

After you have listened. Slow down again. Think about what you will do or say. Do not jump to conclusions and do not spontaneously react with the first angry and aggressive words that come to your mind.

*Let Go and Forgive.* Let go of anger and resentments. It is freeing. Give up on getting even. When you let go of the anger and forgive others you do not seek revenge or retribution.

*Change Your Environment. Give Yourself a Break.*

At times, our environment and our problems make us feel trapped and overwhelmed. Take some personal time and give yourself a break.

The American Psychological Association (2005) also has some other tips to manage anger.

“Timing: If you and your spouse tend to fight when you discuss things at night—perhaps you're tired, or distracted, or maybe it's just habit—try changing the times when you talk about important matters so these talks don't turn into arguments.” (American Psychological Association, 2005)

“Avoidance: If your child's chaotic room makes you furious every time you walk by it, shut the door. Don't make yourself look at what infuriates you. Don't say, “well, my child should clean up the room so I won't have to be angry!” That's not the point. The point is to keep yourself calm.” (American Psychological Association, 2005)

“Finding alternatives: If your daily commute through traffic leaves you in a state of rage and frustration, give yourself a project—learn or map out a different route, one that's less congested or more scenic. Or find another alternative, such as a bus or commuter train.” (American Psychological Association, 2005)

### *Psychological Counseling*

“If you feel that your anger is really out of control, if it is having an impact on your relationships and on important parts of your life, you might consider counseling to learn how to handle it better. A psychologist or other licensed mental health professional can work with you in developing a range of techniques for changing your thinking and your behavior.” (American Psychological Association, 2005)

“When you talk to a prospective therapist, tell her or him that you have problems with anger that you want to work on, and ask about his or her approach to anger management. Make sure this isn't only a course of action designed to “put you in touch with your feelings and express them”—that may be precisely what your problem is. With counseling, psychologists say, a highly angry person can move closer to a middle range of anger in about 8 to 10 weeks, depending on the circumstances and the techniques used.” (American Psychological Association, 2005)

## **THE IMPORTANCE OF A HEALTHY LIFESTYLE**

The United States Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) have just, in January of 2005, released their *Dietary Guidelines for Americans*, something that is done every 5 years.

These guidelines address the following lifestyle goals and ways with which we can all strive to achieve these goals.

### *Nutrients and Caloric Needs*

“Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and *trans* fats, cholesterol, added sugars, salt, and alcohol.

Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the U.S. Department of Agriculture (USDA) Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

### *Weight Management*

“To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.

To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

### *Physical Activity*

“Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.

To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, at work or home on most days of the week.

For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.

To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.

To sustain weight loss in adulthood: Participate in at least 60 to 90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements. Some people may need to consult with a healthcare provider before participating in this level of activity.

Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

### *Encouraged Food Groups*

“Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2\_ cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.

Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.

Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.

Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

### *Fats*

“Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep *trans* fatty acid consumption as low as possible.

Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.

When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.

Limit intake of fats and oils high in saturated and/or *trans* fatty acids, and choose products low in such fats and oils.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

### *Carbohydrates*

“Choose fiber-rich fruits, vegetables, and whole grains often.

Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.

Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

### *Sodium and Potassium*

“Consume less than 2,300 mg (approximately 1 teaspoon of salt) of sodium per day. Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

### *Alcoholic Beverages*

“Those who choose to drink alcoholic beverages should do so sensibly and in moderation—defined as the consumption of up to one drink per day for women and up to two drinks per day for men.

Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.

Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.” (Department of Health and Human Services (HHS) and the Department of Agriculture, 2005)

Every five (5) years, the United States Department of Agriculture (USDA) and the United States Department of Health and Human Services (HHS) collaborative publish Dietary Guidelines for Americans. Go to this website to read their entire document that was published in 2005:

<http://www.health.gov/dietaryguidelines/dga2005/document>

## **ANGER MANAGEMENT: WHAT DOES THE FUTURE HOLD?**

As the research continues in the area of anger and anger management, some more treatments and interventions may enter onto the stage. Nonetheless, at the current time, it appears that "letting it all out" interventions are not beneficial and they may actually increase the person's anger and aggression. Other research has indicated that individual therapy is preferable to group therapy for anger because group members may positively reinforce other's anger during the group process. Future research should be done in the areas of readiness to change, motivational interviewing and the dynamics of revenge in problematic anger. (Holloway, 2003)

### **SUMMARY**

Life is often filled with frustration, pain, loss, and the unpredictable actions of others. You can't change that; but you can change the way you let such events affect you. Anger, a basic human emotion, is both beneficial and harmful. Harmful reactions to anger have to be controlled. Use anger management techniques every day and soon they will be second nature to you.

### **ADDITIONAL READINGS**

#### **Anger Management Improves Heart Health**

Source: *Archives of Internal Medicine* 2002; 162:901-906.

A recent study suggests that men who have poor anger management skills are more likely to suffer a heart attack before age 55 than are their mild-mannered peers. Observation of more than 1,000 men found that those who responded to stress with anger and irritation were three times more likely to be diagnosed with heart disease, and five times more likely to suffer a heart attack before age 55. Study authors noted that the heart attack/disease risk persisted regardless of cholesterol levels, body mass index, and blood pressure. Dr. Patricia Change, the study's lead author emphasized the role of anger management as a tool to reduce the risk of premature heart disease, the leading cause of death in the United States.

#### **Advances in Anger Management**

Source: *Monitor on Psychology*, (32) Number 3, 3 March 2003, p. 54.

Discusses the lack of diagnostic criteria for anger within the psychological community while recognizing the need for a treatment protocol for those who suffer excessive anger. Cites Colorado State University psychologist Jerry Deffenbacher, PhD promoting three strategies, alone or in combination, that have empirical support for helping with the task of anger management. The strategies--relaxation, cognitive therapy and skill development--are not new ideas, but newly applied to anger.

### Research backs Anger Management Training for All Pupils

Source: *Ananova*, July 2002.

A University of Florida study found anger management lessons improved the behavior of all pupils, not just the troublemakers. Professor Stephen Smith and his team designed a 20-lesson anger management curriculum and tested it on 200 Florida pupils aged 10 and 11. They found classroom 'harmony' improved when the children were taught how to control their temper and avoid trouble.

### Anger: The Mismanaged Emotion

Source: *Dermatology Nursing* 15(4):351-357, 2003

Mismanaged anger is a significant problem in health care settings. Research-based information is presented on the angry emotionality that nurses frequently encounter. Gender differences in anger are examined. Strategies are presented for dealing with angry patients, physicians, and colleagues.

### Anger Management And PTSD: Engaging Substance Abuse Patients In Long-Term Treatment

Source: *NCP Clinical Quarterly* 6(3): Summer 1996

The treatment consists of 12 weekly 90 minute group sessions that are a mix of insight-oriented exercises about anger, such as discussing anger in the family of origin or reevaluating a past violent incident, and didactic sessions covering basic cognitive-behavioral strategies, such as time-out, relaxation training, assertive behavior, and conflict resolution. Offering a variety of different sessions holds the patients' interest and encourages them to continue attending the anger management group sessions. The primary objective is to teach patients to monitor their anger and to develop a specific plan for controlling their anger.

### Anger: The Deadly Component of "Type A" Personalities

Source: *Archives of Internal Medicine*, October 27, 1997

Almost everyone remembers when the research about Type A personalities was made public. It showed that men who were controlling, workaholic, and intense are more likely than others to suffer from heart disease and other stress-related illness. A report by a Duke University research team filled in an important piece of previously missing information about Type A personalities. The team's question was, "What specific personality characteristic causes physical illness?" The answer it found: Anger. The Duke University study showed that cognitive/behavioral stress reduction sessions lowered the level of both anger and anxiety in patients with chronic heart problems, and that their physical improvement was related specifically to a reduction in their anger.

### Readiness to Change is a Vital Component in the Success of Anger Management Programs

Source: *University of South Australia: Forensic and Applied Psychology Research Group*, November 2003.

A previous study of 200 violent offenders in WA and SA, by researchers from UniSA's Forensic and Applied Psychology Research Group, revealed that offenders who were not ready to undertake treatment showed almost no improvement in anger management after undergoing a treatment program. Offenders who were motivated and ready to work on their anger problems showed greater improvements on a wide range of anger measures.

### Anger, Hostility and Smoking

Source: *Reuters*, February 12, 2004.

A University of California Irvine research team reports that people with hostile and aggressive personality traits may be more likely to become addicted to nicotine. Dr. Steven Potkin, a professor of psychiatry and a brain imaging specialist who led the study calls this the "Born to Smoke" pattern. The study was published in *Cognitive Brain Research*, January 2004.

### The Value of Anger

Source: *Burningbird Weblog*, July 5, 2002.

Presents results of college research in psychology showing that anger, when properly expressed can be a healthy force for change,

overcoming the *learned helplessness* that frequently keeps people stuck in difficult, dangerous, or disempowering situations

Look in your local library for books about dealing with anger. Here are a few suggestions, but there are many other worthwhile books which you can choose instead.

- Chodron, Thubten. *Working with Anger*.
- Hanh, Thich Nhat. *Peace is Every Step: The Path of Mindfulness in Everyday Life*. (See Part Two: Transformation and Healing)
- Lerner, Harriet Goldhor. *The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships*.
- Maslin, Bonnie. *The Angry Marriage: Overcoming the Rage, Reclaiming the Love*.

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<http://www.counsel.ufl.edu/selfHelp/dealingWithAnger.asp>

Williams, Redford. (2001). Anger Management and Decision Making.  
<http://dukemednews.duke.edu/av/medminute.php?id=4617>