

ANGER MANAGEMENT

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More than 80% of violence is learned behavior .We learn aggressive behavior by observation and imitation, therefore it is preventable. Anger starts with insolent language and offensive gestures, threats follow, maltreatment escalates and individual or collective homicides are the verdict. Anger leads to violence which in turn instigates to more violence; it is a contagious and contaminant public epidemic; it respects no borders, no occupations, no culture, no income. Violence can be dismantled creating public opinion and alliances among persons, societies and nations

- Violence
- Agressive behavior
- Observation and imitation
- Behavioral and cognitive treatment
- Collective efficacy

What is anger

Anger is a negative psychobiological state that not always leads to aggression. Agressive behavior is the intention to harm others and their properties. Some behavioral consequences are:

- a) failure with relationships at home and at work
- b) creates enemies
- c) instigates psychological physical and sexual abuses
- d) causes to child maltreatment, and
- e) homicide or suicide. Anger legitimizes the use of violence, maintains victimization and makes the person falsely feel in control.

Agressive behaviors can be learned via: a) direct reinforcement b) imitation of models i.e anti-heroes, movies, video games c) psychosocial factors such as low self-esteem, low parental rejection, inefficient parent discipline, physical punishment ,academic failure (Kort, 2007)

Sequences of anger

Anger (emotional state, annoyance) – hostility (attitudes, arguments)--- aggression (rage, motor behavior) (Kassinove and Tafrate, 2002)

Examples of anger triggers

- 1) Frustration or disappointment due to unfulfilled expectations
- 2) Injustice : verbal or physical harm
- 3) Everyday issues at home, work or in the environment
- 4) Situational factors : stimulants ie alcohol abuse and/or and drugs; gangs ; firearms and other weapons

Assessment and diagnosis

Diagnosis of anger is not similar to diagnosis of mood or anxiety disorders. It is comorbid to personality disorders such as borderline personality disorder, and antisocial personality disorder which can be read in the DSM-5 diagnostic exam(Nussbaum, 2013)

Verbal reports and psychometric tests can determine aggressive behaviors i.e pinching, shouting, verbal and physical threats, intimidation, repeated sarcasms, hostile humor, hitting, throwing objects, physical assault.

Questionnaires

- Novaco Anger Scale contains 60 items to be completed in 15 minutes. It yields 5 scores: Cognitive, Arousal, Behavioral, Anger and Regulation and Provocation Inventory contains 25 items to be completed in 10 minutes and its focus: disrespectful treatment, unfairness, frustration, annoying traits of others and irritations (Novaco,R. 1994)
- Rathus Assertive Scale A 30-item schedule for assessing assertive behavior (Rathus,S, 1973)
- State-Trait Anger Expression Inventory-2 contains 57 items, 15 minutes to complete and has subscales which measure state anger, trait anger, anger expression-out, anger expression-in, anger control-out, anger control-in (Spielberger, 1999)

How to deal with anger

Programs such as ACT against violence” (APA 2005) offers to the general public pages such as: “*What to do when you are angry ? 1. Think before acting 2. Calm down 3. Use RETHINK steps: Recognize what makes you angry . Empathize with other person’s feelings. Think positive things about the situation. Hear what the other person is saying to you. Notice what happens to your body. Keep your attention on the present situation.*”

Emotional anger control

The physiology of anger manifests itself in muscle tension, excessive breathing and cognitive distortions. Basically inhibition of these unpleasant feelings requires:

- a) Diaphragmatic breathing vs. thoracic breathing
- b) Progressive muscle relaxation (Jacobson, 1938)
- c) Praying
- d) Mindfulness
- e) Music

Cognitive anger control

Specific cognitive irrationalities: overestimation, underestimation; misattributions; polarized thinking; overgeneralizations; inflammatory thinking; catastrophizing; demanding and commanding (Kassinove and Tafrate, 2002)

Example of cognitive anger control (Novaco, 1995)

1. Prepare for the provocation

“ I can deal with this ”; “ I will not take it personally ”

“ This is disturbing but I know what I have to say ”

2. Impact during confrontation

“ I will not let this aggravate me ” ”

“ I don ’ t have to proof anything to anyone ”

“ I have total control of myself ”

3. Feelings and thoughts during the confrontation

“ I feel tension in my muscles. Breath deeply ”

“ I am right to be upset, but I am going to control myself ”

4. Outcome of the confrontation

a) It is not resolved

"Forget it. You tried your best, don't take it personally"

"Laugh, if possible"

b) If the situation is resolved successfully:

"I controlled very well this provocation"

"I achieved my goal without getting annoyed"

"Every time I deal with this better"

Behavioral and cognitive treatments (Novaco, 1979; Feindler, E, 1995) teach Anger Control Training: through self-assessment and role plays adolescents learn how to negotiate conflict constructively and extend it to real life situations.

Behavioral analysis

Details of the anger episode (Kassinove, H & Tafrate, R 2002)

Day of the week: Mon__Tues__Wed__Thurs__Fri__Sat__Sun

Time: morning__ noon__ afternoon__ night__

Place: home__work__street__other__

Level of anger in this situation

0 1 2 3 4 5 6 7 8 9 10

none mild moderate high intense

How long did the anger episode last : minutes __hours __days__weeks__

Bullying

It is a form of aggression in which children harass, intimidate or harm another child who has no self-defense skills. APA Resolution on bullying among children and youth (APA, 2004) encourages the dissemination of prevention programs which have demonstrated its effectiveness ie. "Aggression Replacement Training" and "Olweus Bullying Prevention Program" are an evidence-based programs published at the National Center for Mental Health Promotion.

How to prevent anger

A few recommendations from the APA and American Academy of Pediatrics (1995)

- “ *Don't hit your child - model appropriate problem solving and responses that don't involve hurting others hitting shows children that it is okay to hit others to solve problems*
- *Non-physical methods result in more long term positive behavior changes (e.g. time-out, taking away privileges)*
- *Help your child learn appropriate problem solving and teach that violence is not a helpful solution*
- *Be consistent about rules and discipline”*

Forgiveness interventions

Forgiveness replaces blame, bitterness and resentment. When forgiveness takes place emotional arousal changes into a calm state, it helps to change attitudes and teaches how to solve conflict in a fair manner.

To forgive does not mean accepting and/or forgetting an unjust situation; it leads to adapting and focusing on the positive aspects of the perpetrator, thus minimizing the frequency, duration and intensity of resentment and need for vengeance.

Conclusion

We watch, read and navigate in the internet a parade of bizarre and extreme acts of serial killings, celebrity assassinations, genocidal wars . Beyond wars and natural disasters nowadays mostly civilians are the targets of violent events.

Three general main consequences are the aftermath of violence:

- a) generalized and permanent fear instilled in the population
- b) discouragement and personal vulnerability and
- c) chronic states of alertness and distorted views of the world, named *syndrome of the evil world* (Zimbardo, 2007)

However violence is neither fortuitous, incontrollable, nor foreordained.

In the same manner we face and challenge of illnesses and addictions, violence can be dismantled modifying public discourse and establishing alliances among persons, societies and nations.

Like the challenge of illnesses and addictions, violence can be dismantled modifying public discourse and establishing alliances among communities, organizations and nations. collective efficacy (Bandura, 1997) can reduce the glorification of violence, together with public discourses describing in images and graphics stories of non-violent heroes could transform the culture of death to the culture of care.

For further reading

www.actagainstviolence.org.
<http://apa.org/helpcenter/warning-signs.aspx>
<http://apa.org/topics/anger/control.aspx>

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“Raising Children to Resist Violence”

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