Anger Management

Anger is a natural emotional reaction. It affects the entire body, creating energy. When someone begins to anger adrenaline and other chemicals enter the bloodstream. The heart pumps faster and the blood flows more quickly. The muscles tense. This biological reaction is frequently in preparation for a behavioral response, conscience or not. That behavioral response can be out of protection or aggression.

Anger is an emotional-physiological-cognitive internal state; it is separate from the behavior of aggression it might prompt. Aggression, separate from anger, is action. It is intended to harm. It can be a verbal attack--insults, threats, sarcasm, or a physical punishment.

Just how widespread is hostility? Psychology Today (1983) asked, "If you could secretly push a button and thereby eliminate any person with no repercussions to yourself, would you press that button?" 69% of responding males said yes, 56% of women said yes. Emotion usually triumphs over reason.

Much of our learned behavior is learned young in life. By the time we are five years of age, we have learned to be kind and caring or aggressive.

Is anger innate? Certainly most three-year-olds can throw a temper tantrum without any formal training. They learn this reaction usually even without observing a model. Is the behavioral response to anger learned? Why are the abused sometimes abusers? Does having a temper and being aggressive yield payoffs? You bet.

The causes of anger vary from person to person and from situation to situation.

Research has shown that stimulation of certain parts of animals' brains leads to aggression. Stimulation of other parts stops aggression. Even back in 1966 we learned through Charles Whitman who killed his wife and mother because "I do not consider this world worth living in...", then climbed a tower on the University of Texas campus and fired his rifle at 38 people. He killed 14 before being killed. An autopsy revealed a large tumor in the limbic system of his brain (where the aggression "centers" are in animal brains). I have personal knowledge of a friend's family pet of 13 years with no forewarning mauling their 8 year old child causing 93 puncture wounds. After an autopsy it was revealed the animal had a brain tumor. In epileptic patients with implanted electrodes, in rare cases violence follows stimulation of certain parts. Abnormal EEG's have been found among repeat offenders and aggressive people. So, aggression may sometimes have a physical basis. More recently, scientists have learned to use neuroimaging to see the living, thinking, feeling human brain at work. Neuroimaging tools include functional magnetic resonance imaging (fMRI), which uses magnetic fields and radio waves to elicit signals from the brain, and positron emission tomography (PET), which uses low doses of a radioactive tracer to obtain signals from the brain. Both of these technologies have been designed to reveal signals that correlate with human brain activity. These approaches have been used to study the

pathways in the brain involved in sensory processes such as vision, and in a variety of cognitive processes (2001).

Other physiological factors seem to be involved. Examples: high testosterone (male sex hormone) is associated with more unfaithfulness, more sex, more divorce, more competitiveness, and anti-social behavior. It is also known that a viral infection, called rabies, causes violent behavior. About 90% of women report being irritable before menstruation. Furthermore, 50% of all crimes by women in prison
occurred during their menstrual period or premenstrual period. By chance only 29% of crimes would have occurred during those eight days. Hypoglycemia (low blood sugar) increases during the premenstrual period and it causes irritability.

>Stress related to work, family, health and money problems can frequently make
   someone feel anxious and irritable
>Frustration when someone fails to reach a goal or when they feel as if things are out of
   their control.
>Fear can cause anger. Anger is a natural response to threats of violence, or to
   physical or verbal abuse.
>Irritation can escalate anger and lower someone's tolerance.
>Disappointment can trigger anger when expectations and desires aren't met.
>Resentment can cause anger when someone feels hurt, rejected or offended.

Whether anger is learned, due to an issue in the brain, physiological in nature or a combination of these with the inability to control such feelings comes problems.

The Problems with Anger

Poorly handled anger can cause many problems. Some individuals try to pretend they aren't angry. Other people feel as if their anger is out of their control. Ignoring anger or giving up control over it can lead to:

Physical Health Problems
  Headaches
  Sleep Problems
  Digestive Problems
  High Blood Pressure
  Heart Problems

Poor Decision Making
Anger can make it hard to think clearly. A person may have trouble concentrating or may use poor judgment. This can lead to accidents, injuries and other problems.

Problems with Relationships
If a person cannot control their anger, they may end up insulting, criticizing or threatening those close to them. They may respond with anger or resentment. Getting angry may also keep them from telling others how they feel.

Low Self-Esteem
If someone has difficulty managing anger, they may feel bad about themselves.

Depression
Anger that is kept bottled up can affect a person's thoughs and feelings.

Alcohol or other Drug Problems
Alcohol and other drugs dull strong feelings. They can become a crutch to help someone avoid negative consequences of an angry outburst.

Uncontrolled anger can lead to aggression as we discussed earlier. The result of uncontrolled anger may include verbal attacks or physical assaults, abuse and other criminal behavior.

The Positive Aspects of Anger

With all of this being said, learning to recognize and express anger appropriately can have very positive consequences in a client's life. Sometimes, anger can gain attention when nothing else will. Anger can be a tool for change. It can serve as a motivator and energizer. It signals to us that "this does not work for me" "this is not pleasurable or right for me".

As we provide treatment services to clients, we want to remember that positive aspects of anger do exist. We also want to remember that for our clients to function at an optimum level, becoming un-angry is not the goal. Finding productive ways to use their anger is the goal of affective anger management.

Theoretical Approaches to Anger

Some theorists believe anger just naturally results from frustration. This is called the frustration-aggression hypothesis. As noted earlier there are several physiological reactions that accompany frustration, including higher blood pressure, sweating, and greater energy. At times, particularly when the cost of anger is high, for example getting hurt or fired, most individuals can learn to control their anger but as a basic drive it remains there seeking some expression.

A common approach to dealing with anger is to express it. In the popular movie Pretty Women the leading man expressed that it took 10 months of therapy to learn how to say, "I am angry at my father." The belief is that clients benefit when given a forum to

express their anger in therapy. Individuals must acknowledge their anger, vent their anger and manifest their rage both emotionally and physically. Methods include letting out their anger during individual or group therapy, hitting punching bags when angry, yelling or exhibiting some extreme display of emotional or physical release. The obvious downfall to this technique is that aggression is a habit. The goal in therapy should be to learn effective ways to manage anger without violent physical release. A preferred approach might be creating the venting habit of intense exercise in reaction to anger. People who have a tendency to lose control of their physical behaviors should not practice "punching" as a method of letting it all out. Most clients in therapy for anger issues don't have difficulty venting their anger, moreover that is what got them to treatment in the first place.

Bandura (1973) argues that aggression is learned in two basic ways: (1) from observing aggressive models and (2) from receiving and/or expecting payoffs following aggression. The payoffs may be in the form of (a) stopping aggression by others, (b) getting praise or status or some other goal by being aggressive, (c) getting self-reinforcement and private praise, and (d) reducing tension. Treatment would include cognitive processes, like rational problem-solving, "trial runs" in fantasy to see what might happen if I did _____ , and the self-control procedures of self-observation, self-evaluation, and self-reinforcement.

Therapy, whatever the theoretical basis should see anger as a normal human emotion. Treatment should help clients eliminate self-defeating behaviors or behaviors that are destructive or harmful to others. A client is entitled to their feelings and they are responsible for their actions.

Exploring Anger Management

When focusing on the management of angry feelings an individual can (a) prevent it, i.e. keep anger from welling up inside, or (b) control it, i.e. modify our aggressive urges after anger erupts inside. As discussed, although someone can decrease the frequency and volatility with which they feel and express anger, they cannot prevent it entirely. Then it is crucial for them to learn to control it.

Recognizing Warning Signs
Anger, as an emotion, begins as an inner twinge. A person can sense something long before it explodes into an emotional tirade. If someone can listen to this twinge, the emotional outburst is frequently not needed. Clients can learn to stop, choose the best outcome and act accordingly. For this to work though a client needs to learn to recognize the signs that they are getting angry before the behaviors escalate beyond control. Two techniques frequently used in treatment include the Warning Signs Checklist and/or Anger Journal listed below.

What are your warning signs?

Check the warning signs you often have when you get angry.
Write in signs that aren't listed.

___Tense muscles
___Tight fists
___Clenched jaw
___Sweaty palms
___Racing heartbeat
___Fast breathing
___Trembling or feeling shaky
___Feeling warm or flushed
___Upset stomach
___Loud or mean voice

Once a client can get ahead of the anger by recognizing what is coming they can learn techniques and coping strategies to employ to reduce the negative consequences of uncontrolled anger.

Thoughts that create angry feelings frequently begin with should, must or ought statements. These statements can be noted in the Trigger section of the journal.

During my work with clients who were mandated to treatment due to a crime involving violence we would work on the concept of seeing the loss of control when angry as giving their power away. If they could see that allowing another person to control their feelings and "make me lose my temper" then they were allowing the other person to have their power. To stay in control begins to look like maintaining control rather than escalating the argument.

Cognitive Shift

As a parent of two children I have seen a "survival of the fittest" type of mentality in children. It creates a self centered approach to life during this phase. "If I don't take it there won't be enough for me". It is an interesting shift to watch occur when they begin to realize that others have feelings and also want to go down the slide and have a turn. Making that cognitive shift is to correct the error belief system they previously held. To become secure in the rightness of the situation. A client who has anger issues might have faulty belief systems such as, "if I do not yell, nobody will listen", " anger is the only way I can protect myself from becoming emotionally hurt", "because my anger is justified, my behavior should not have consequences".   These beliefs need to be

challenged. There is a three-stage process for a client to challenge and change their cognitive errors:

1) Recognize
2) Remove
3) Replace

The first step involves helping our clients to recognize their cognitive errors. This can be done through confrontation, through the process of following conclusions to their erroneous logical extremes, and through the creation of new experiences, which experientially change an individuals beliefs.

Once this cognitive error is recognized as false, the most effective way to remove it is by implementing a third strategy, which is to replace those cognitive errors with the new truth.

Another important aspect of effective anger management is to help clients find healthy ways to express their anger.

- Teaching them to practice skills such as remembering to calm down and think carefully before they speak.

- Teaching them to name the problem, clearly and calmly explaining why they are angry or what the problem is.

- Teaching them to use I statements. The use of I statements in describing how they feel helps the listener feel less blamed or criticized.

- Teaching them to identify solutions focusing on what they would like to change or see happen in the future.

- Teaching them to use positive self-talk.

Increasing Tolerance or Decreasing Volatility

The goal of therapy is not to teach clients to avoid anger, but rather how to have an increased tolerance for those situations that are going to make them upset. One method for teaching clients to tolerate higher levels of anger is using therapeutic relaxation training exercises. Therapeutic breathing exercises and progressive muscle relaxation exercises can help a person take physical control over the emotions that they experience.

Allowing and fostering clients to be a part of creating their treatment plan gives them control over their progress. In the throws of a control issue this is very important. One of the approaches to give them power is to have them complete an Anger/Rage Safety

Plan. They can complete it with steps that will help them personally. Here is an example:

Safety Plan

1.) Take a Deep Breath and Sit Down.
2.) Stop Drinking Alcohol.
3.) Exit by going outside or to another room. Take three deep breaths.
4.) Call _____ @ _____-_____. Talk for five minutes.
5.) Write out what is bothering you on a piece of paper.
6.) If you are still feeling angry, go to this place:
_____.
7.) If you are still unable to control your rage, or if you feel like killing yourself or others, call
_____ @ _____- _____ and tell whoever answers that,
I feel like killing myself, or others, and I want help.

Employing Self-Help Methods

Our goal is to help our clients help themselves. The following are some tips that can be used by the client to help avoid and de-escalate potential problems:

(1) Avoid frustrating situations by noting where you got angry in the past.
(2) Reduce your anger by taking time, focusing on other emotions (pleasure, shame, or fear), avoiding weapons of aggression, and attending to other matters.
(3) Respond calmly to an aggressor with empathy or mild, unprovocative comments or with no response at all.
(4) If angry, concentrate on the undesirable consequences of becoming aggressive. Tell yourself: "Why give them the satisfaction of knowing you are upset?" or "It isn't worth being mad over."
(5) Reconsider the circumstances and try to understand the motives or viewpoint of the other person.
(6) Train yourself to be empathic with others; be tolerant of human weakness; be forgiving (ask yourself if you haven't done something as bad); and follow the "great lesson of mankind: to do as we would be done by."

In summary, anger and arguments are normal parts of healthy relationships. However, anger that leads to threats or violence, such as hitting or hurting, is not normal or healthy. The goal of anger management is to reduce both the emotional feelings and the physiological arousal that anger causes. An individual can't get rid of, or avoid, the things or the people that enrage them, nor can they change them, but we can help them learn to control their reactions.