

ANGER MANAGEMENT

Presented by: Lance Parks

Source: *Reilly, P.M., & Shopshire, M.S. Anger Management for Substance Use Disorder and Mental Health Clients: A Cognitive- Behavioral Therapy Manual. SAMHSA Publication No. PEP19-02-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.*

Retrieved from:

https://store.samhsa.gov/sites/default/files/d7/priv/anger_management_manual_508_compliant.pdf

Part I

FOREWORD



Akyurt, E. (05 January 2021). *Portrait of an angry man*. [digital]. Retrieved from: https://unsplash.com/photos/AjMXxHwxW_k/info

Anger and substance use disorders often co-occur, increasing the risk for negative consequences such as physical aggression, **self-harm**, distressed relationships, loss of a job, or criminal justice involvement. According to a 2014 meta-analysis of 23 studies, nearly half of people who committed homicides were under the influence of alcohol and 37 percent were intoxicated (Kuhns, Exum, Clodfelter, & Bottia, 2014). Anger, violence, and associated traumatic stress can often correlate with the initiation of drug and alcohol use and can be a consequence of substance use. Individuals who experience traumatic events, for example, may experience anger and act violently, as well as misuse drugs or alcohol.

Clinicians often see how anger and violence and substance use are linked (Shopshire & Reilly, 2013). Many clients with substance use and mental health issues experience traumatic life events, which, in turn, lead to substance use, anger, and increased risk for violence. Meta-analyses have reliably demonstrated the efficacy of cognitive-behavioral therapy in the treatment of addictions and other mental health issues, such as depression, traumatic stress, and anxiety.

To provide clinicians with tools to help deal with this important issue, the Center for Substance Abuse Treatment at the Substance Abuse and Mental Health Services Administration is pleased to present revised and updated versions of *Anger Management for Substance Use Disorder and Mental Health Clients: A Cognitive-Behavioral Therapy Manual* and its companion book *Anger Management for Substance Use Disorder and Mental Health Clients: Participant Workbook*, which were originally published in 2002.

The anger management treatment design in this manual, which has been delivered to thousands of clients over the past three decades, has been popular with both clinicians and clients.

This format of the manual lends itself to use in a variety of clinical settings; can be adapted to accommodate different racial-ethnic minority groups and genders, and diverse treatment settings; and will be a helpful tool for the field.

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INTRODUCTION

This manual, which was originally published in 2002 and has been revised and updated for the current edition, was designed for use by clinicians who work with clients who have substance use and mental health problems co-occurring with anger management problems. In addition, it has been used by individuals for self-paced study outside of a group counseling setting (e.g., by individuals who are incarcerated). The manual describes a 12-week cognitive–behavioral anger management group treatment model. Each of the 12, 90-minute weekly sessions is described in detail with specific instructions for group leaders, tables and exhibits that illustrate the key conceptual components of the treatment, and between-session challenges for group members. The accompanying participant workbook (see *Anger Management for Substance Use Disorder and Mental Health Clients: Participant Workbook*; Reilly, Shopshire, Durazzo, & Campbell, 2019) has been updated to correspond with the updated manual. It should be used in conjunction with this manual to enable group members to better learn, practice, and integrate the treatment strategies presented in the manual. This intervention was developed for studies at the San Francisco Veterans Affairs (SFVA) Medical Center and San Francisco General Hospital (now known as the Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center [Zuckerberg San Francisco General Hospital]).

Cognitive–behavioral therapy (CBT) has been found to be an effective, time-limited treatment for anger problems (Fernandez, Malvaso, Day, & Guharajan, 2018; Henwood, Chou, & Browne, 2015). Four types of CBT interventions, theoretically unified by principles of social learning theory, are most often used when treating anger management problems:

- **Relaxation training** targets emotional and physiological components of anger.

- **Cognitive interventions** target cognitive processes such as building awareness of cues and triggers, hostile appraisals and attributions, maladaptive beliefs, and inflammatory thinking. (The manual uses the term “trigger” because it will be a familiar concept to group members who have gone through substance use disorder treatment. The term “trigger” is *not* meant to convey that anger is an automatic response that cannot be controlled.)
- **Communication skills interventions** target strengthening assertiveness and conflict resolution skills.
- **Combined interventions** integrate two or more CBT interventions and target multiple response domains.

Meta-analyses and reviews of the literature (Fernandez et al., 2018; Henwood et al., 2015), including studies of prison populations, conclude that there are clinically significant anger reduction effects as a result of CBT interventions. The treatment model described in this manual is a combined CBT approach that employs relaxation, cognitive, and communication skills interventions.

This combined approach presents group members with options that draw on these different interventions and then encourages them to develop an individualized anger control plan using as many techniques as possible. Not all group members will use all the techniques and intervention presented in the treatment (e.g., cognitive restructuring), but almost all will finish the treatment with more than one technique or intervention in their anger control plans.

Theoretically, the more techniques and interventions an individual has in his or her anger control plan, the better equipped he or she will be to manage anger in response to anger-provoking events.

In studies at the SFVA Medical Center and the Zuckerberg San Francisco General Hospital using this treatment model, significant reductions in self-reported anger and violence have consistently been found, as well as decreased substance use (Reilly, Clark, Shopshire, & Delucchi, 1995; Reilly & Shopshire, 2000). Most participants in these studies met *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) (American Psychiatric Association [APA], 1994), criteria for substance dependence and would meet the criteria for substance use disorder as updated in DSM-5 (APA, 2013).

The overall treatment model is flexible; can accommodate racial, cultural, and gender issues; and was found to be effective with different racial-ethnic minority groups and with both men and women (Reilly & Shopshire, 2000). In the anger management studies using this manual, the majority of patients were from racial-ethnic minority groups. The events or situations associated with someone's anger may vary somewhat depending on his or her culture or gender. The cues or warning signs of anger may vary in this regard as well. A person still must identify the event that led to anger, recognize the cues to anger, and develop anger management (cognitive– behavioral) strategies in response to the event and cues, regardless of whether these events and cues are different for other men and women or for people in other cultural groups.

In addition to the studies in San Francisco, Morland et al. (2010) studied 125 veterans with post-traumatic stress disorder (PTSD) and anger control problems from three Veterans Health Administration clinical sites and three Vet Centers in Hawaii. Participants were randomly assigned to receive the anger management treatment either in face-to-face sessions or over videoconference equipment. Regardless of mode of presentation, participants reduced their levels of anger significantly, suggesting that people can achieve significant reductions in anger levels using many different modes of presentation. Ninety percent of participants completed anger management treatment. Similar to findings from studies at the SFVA Medical Center (Reilly et al., 1995), greater PTSD symptom severity had higher anger levels at baseline, but higher levels of PTSD symptoms did not predict greater anger symptom

reductions. Mackintosh et al. (2014) attempted to identify participants who achieved the greatest decrease in anger levels, but patients showed similarly lower levels of anger across a range of psychosocial, racial-ethnic, and psychiatric variables.

A study by Zarshenas, Baneshi, Sharif, and Sarani (2017) suggests the anger management treatment described in this manual may produce clinically significant reductions in levels of anger with participants in other countries. Zarshenas et al. used a quasi-experimental design with a sample of 36 patients at Ebnesina Hospital, in Shiraz, Iran. The group receiving the anger management treatment did not differ from the comparison condition with regard to age, marital status, education level, or substance of choice. Anger and aggression were measured with a questionnaire developed by Buss and Perry (1992). Anger and aggression decreased significantly for participants who received the anger management treatment but increased for the comparison group.

A study by Walitzer, Deffenbacher, and Shyhalla (2015) further illustrates the usefulness of anger management treatments for individuals with substance use disorders. They conducted a randomized controlled trial comparing a 12-session alcohol-adapted anger management treatment similar to the one in this treatment manual with a 12-Step facilitation treatment. The anger management treatment focused on monitoring cues to anger arousal, relaxation training, and cognitive restructuring. Participants were encouraged to use these anger management strategies to cope with anger-related events that could increase the risk of alcohol use or relapse. Participants in both conditions decreased their levels of anger, but in the anger management treatment condition, people who lowered their levels of anger were less likely to experience negative alcohol-related consequences, such as taking foolish risks or damaging a friendship or close relationship.

The intervention involves developing individualized anger control plans. For example, some women identified their relationships with their partners or parenting concerns as events that led to their anger, but men rarely identified these issues. Effective individual strategies could be developed to address these issues, provided the women accept

the concepts of monitoring anger (using the anger meter and the anger awareness record) and having (and using) an anger control plan.

This treatment model was also used successfully with clients who were not abusing substances seen in the outpatient SFVA Mental Health Clinic. These clients were diagnosed with a variety of problems, including mood, anxiety, and thought disorders. The treatment components described in this manual served as the core treatment in these studies.

The anger management treatment was designed to be delivered in a group setting. The ideal number of participants in a group is 8, but groups can range from 5 to 10 members. There are several reasons for this recommendation. First, solid empirical support exists for group cognitive– behavioral interventions (Cuijpers, Cristea, Karyotaki, Reijnders, & Huibers, 2016; Owen, Sellwood, Kan, Murray, & Sarsam, 2015); second, group treatment is efficient and cost-effective (Hoyt, 1993; Piper & Joyce, 1996); and third, it provides a greater range of possibilities and flexibility in roleplays (Yalom, 1995) and behavioral rehearsal activities (Heimberg & Juster, 1994; Juster & Heimberg, 1995). Counselors and social workers should have training in CBT, group therapy, and substance use disorder treatment.

Although a group format is recommended for the anger management treatment, it is possible for qualified clinicians to use this manual in individual sessions with their clients (Awalt, Reilly, & Shopshire, 1997). In this case, the same treatment format and sequence can be used. Individual sessions provide more time for indepth instruction and individualized behavioral rehearsal. Reports from practitioners have also established that the manual and workbook have been used for self- study, without the support of a clinician or a group. Although there has been no research into the validity of this use of the manual, anecdotal reports indicate that individuals have had success with it.

The anger management treatment manual is designed for adults (ages 18 and older) who have substance use and mental health conditions. The groups studied at SFVA Medical Center and the Zuckerberg San Francisco General Hospital have included patients who have used many substances (e.g., cocaine, alcohol, heroin, methamphetamine). These patients

used the anger management materials and benefited from the group treatment, despite differences in their primary drug of choice.

It is recommended that group members be abstinent from drugs (except for properly used prescription medications) and alcohol for at least 2 weeks before joining the anger management group. If a participant in the San Francisco treatment groups had a “slip” during his or her enrollment in the group, he or she was not discharged from the group. However, if he or she had repeated slips or a relapse, the individual was referred to a more intensive treatment setting and asked to start the anger management treatment again. Group leaders may consider the possible risk-reduction benefits of people participating in this treatment who are not abstinent, as clinically indicated.

Many group members were diagnosed with co-occurring disorders (e.g., PTSD, mood disorder, psychosis) and still benefited from the anger management group treatment. Patients were compliant with their psychiatric medication regimen and were monitored by interdisciplinary treatment teams. The San Francisco group found that, if patients were compliant with their medication regimen and abstinent from drugs and alcohol, they could comprehend the treatment material and effectively use concepts such as timeouts and thought stopping to manage anger. However, if a group member had a history of severe mental illness, did not comply with instructions on his or her psychiatric medication regimen, and had difficulty processing the material or accepting group feedback, he or she was referred to his or her psychiatrist for better medication management.

Because of the many problems often experienced by clients with substance use and mental health conditions, this intervention should be used as an adjunct to treatment for substance use and mental disorders. Certain issues, such as anger related to clients’ family of origin and past learning, may best be explored in individual and group therapy outside the anger management group.

Finally, the authors stress the importance of providing ongoing anger management aftercare groups. Participants at the SFVA Medical Center repeatedly asked to attend aftercare groups where they could continue to practice and integrate the anger management strategies they learned in this treatment. At the SFVA Medical Center, both an ongoing drop-in group and a more structured 12-week phase-two group were provided as aftercare components. These groups helped participants maintain (and further reduce) the decreased level of anger and aggression they achieved during the initial 12-week anger management group treatment. Participants can also be referred to anger management groups in the community.

It is hoped that this anger management manual will help clinicians who treat substance use and mental disorders provide effective anger management treatment to clients who experience anger problems. Reductions in frequent and intense anger and its destructive consequences can lead to improved physical and mental health of individuals and families.

OVERVIEW OF GROUP ANGER MANAGEMENT TREATMENT

Session 1

Instructions to Group Leaders

In the first session, the leader presents the purpose and overview of the 12 sessions, the group rules, and the conceptual framework and rationale for anger management treatment. Most of this session is spent presenting conceptual information. Because there is a lot of information to communicate, the leader should pause periodically to engage group members in conversation and verify that they understand the concepts. The session concludes with a group exercise in awareness building and a presentation of anger meter. (See Exhibit 1, page 13).

The leader starts the first session by introducing himself or herself and asking group members to share their name, the reasons they are interested in participating in the anger management group, and what they hope to achieve in the group. After a member introduces himself or herself, the leader offers a supportive comment that validates the member's decision to participate in the group. Experience shows that this helps members feel the group will meet their needs and reduces the anxiety associated with the introductions

Outline of Session 1

- Instruction to Group Leaders
- Suggested Remarks
 - Purpose and Overview
 - Group Rules
 - The Problem of Anger: Some Operational Definitions
 - When Does Anger Become a Problem?
 - Payoffs and Consequences
 - Myths About Anger
 - Anger as a Habitual Response
 - Changing the Anger Habit
 - Participant Discussion
 - Anger Meter
- Between-Session Challenge

and the first group session in general.

Suggested Remarks

(Use the following script or put it in your own words.)

Purpose and Overview

The purpose of the anger management group is to:

- Learn to manage anger.
- Stop violence or the threat of violence.
- Develop and strengthen skills for self-control over thoughts and actions.
- Receive support and feedback from others.

Group Rules

1. Group Safety. No violence or threats toward staff and other group members are allowed. It is important that you perceive the group as a safe place to share your experiences and feelings without threats or possible physical harm.

2. Confidentiality. You should not discuss outside the group what other group members say during group sessions. There are limits to confidentiality, however. In every state, health laws govern how and when



Hermant, B. (1 February 2018). *No caption*. [digital]. Retrieved from: <https://unsplash.com/photos/OLLtavHhBKg/info>

professionals must report certain actions to the proper authorities. These actions may

include any physical or sexual abuse inflicted on a child or adolescent younger than age 18, a person age 65 or older, or a dependent adult. A dependent adult is someone between ages 18 and 64 who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. Reporting abuse of these persons supersedes confidentiality laws involving clients and health professionals. Similarly, if a group member makes credible threats to physically harm or kill another person, the group leader is required, under the *Tarasoff* ruling, to warn the intended victim and notify the police.

3. *Between-Session Challenges.* Brief assignments will be given each week. Doing the between-session challenges will improve your anger management skills and allow you to get the most from the group experience. Like any type of skill acquisition, anger management requires time and practice. These assignments provide the opportunity for skill development and refinement.

4. *Absences and Cancellations.* You should call or notify the group leader in advance when you cannot attend a session. Because of the considerable amount of material presented in each session, you may not miss more than 3 of the 12 sessions. If you miss more than three sessions, you would not be able to adequately learn, practice, and apply the concepts and skills that are necessary for effective anger management. You can continue to attend the group sessions, but you will not receive a certificate of completion. You can join another session as space becomes available.

5. *Timeout.* The group leader reserves the right to call for a timeout. You may be familiar with the term timeout from sporting events. For example, when a football team feels it is not making progress, the team takes a timeout and regroup. We use this term in a similar way. If a group member's anger begins to escalate out of control during a session, the leader will ask that member to take a timeout from the topic and the discussion. This means that the member, along with the rest of the group, *will immediately stop talking about the issue* that is causing the member's anger to escalate. If the member's anger has escalated to the point that he or she cannot tolerate sitting in the group, the leader may ask the person to leave the group for 5 or 10 minutes or until he or she can cool down. The member is then welcomed back,

provided he or she can tolerate continued discussion in the group.

A timeout is an effective anger management strategy and will be discussed in more detail later in this session and in session 3. Eventually, you will learn to call a timeout yourself when you feel you may be losing control as the result of escalation of your anger. For these sessions, however, it is essential that the leader calls for a timeout and that you comply with the rule. This rule ensures that the group will be a safe place to discuss and share experiences and feelings. Failure to comply with the timeout rule may lead to termination from the group.

6. Relapses. If a group member has a relapse during enrollment in the group, he or she is not discharged. However, if the group member has repeated relapses, he or she will be asked to start the treatment again and will be referred to a more intensive treatment setting.

(Ask group members if they have questions about the group rules. Use time for discussion if needed.)

The Problem of Anger: Some Operational Definitions

In the most general sense, anger is a feeling or emotion that ranges from mild irritation to intense fury and rage. **Anger** is a natural response to those situations where we feel threatened, we believe harm will come to us, or we believe that another person has unnecessarily wronged us.

We may also become angry when we feel another person, like a child or someone close to us, is being threatened or harmed. Anger can be a positive emotion—a moral response to injustice or a rational response to a threat—and it can be expressed in assertive and productive ways. In addition, anger



Iby, A. (3 August 2018). *Claw eyes. Revere Beach, Revere, United States.* [digital]. Retrieved from: <https://unsplash.com/photos/dNBcGcSGJIE/info>

may result from frustration when our needs, desires, and goals are not being met. When we become angry, we may lose our patience and act impulsively, aggressively, or violently.

People often confuse anger with aggression. Aggression is *behavior* that is intended to cause harm to another person or damage property. This behavior can include verbal abuse, threats, or violent acts. Anger, on the other hand, is an *emotion* and does not necessarily lead to aggression. Therefore, a person can become angry without acting aggressively.

A term related to anger and aggression is hostility. Hostility refers to a complex set of attitudes and judgments that motivate aggressive behaviors. Whereas anger is an emotion and aggression is a behavior, hostility is an *attitude* that involves disliking others and evaluating them negatively.

In this group, you will learn helpful strategies and skills to manage anger, express anger in constructive ways, solve problems, change hostile attitudes, and prevent aggressive acts, such as verbal abuse and violence.

When Does Anger Become a Problem?

Anger becomes a problem when it is felt too intensely, is felt too frequently, or is expressed inappropriately. Feeling anger too intensely or frequently places extreme physical strain on the body. During prolonged and frequent episodes of anger, certain parts of the nervous system become highly activated. Consequently, blood pressure and heart rate increase and stay elevated for long periods. This stress on the body may produce many different health problems, such as hypertension, heart disease, and diminished immune system efficiency. Thus, from a health standpoint, avoiding physical illness is a motivation for controlling anger.

Another compelling reason to control anger concerns the negative consequences that result from expressing anger inappropriately. In the extreme, anger may lead to violence or physical aggression, which can result in numerous negative consequences, such as being arrested or jailed, losing your job, being physically injured, being retaliated against, alienating loved ones, being terminated from a substance use disorder treatment or social service program, or feeling guilt, shame,

or regret.

Even when anger does not lead to violence, the inappropriate expression of anger, such as verbal abuse or intimidating or threatening behavior, often results in negative consequences. For example, it is likely that others will develop fear, resentment, and lack of trust toward those who subject them to angry outbursts, which may cause alienation from individuals, such as family members, friends, and coworkers.

Payoffs and Consequences

The inappropriate expression of anger initially has many apparent payoffs. One payoff is being able to manipulate and control others through aggressive and intimidating behavior; others may comply with someone's demands because they fear verbal threats or violence. Another payoff is the release of tension that occurs when you lose your temper and act aggressively. You may feel better after an angry outburst, but everyone else may feel worse.

In the long term, however, these initial payoffs lead to negative consequences. For this reason, they are called "apparent" payoffs because the long-term negative

consequences far outweigh the short-term gains. For example, consider a father who persuades his children to comply with his demands by using an angry tone of voice and threatening gestures. These behaviors imply to the children that they will receive physical harm if they are not obedient. The immediate payoff for the father is that the



Asangbam, D. (11 December 2020). *Untitled*. [digital].
https://unsplash.com/photos/_sh9vkVbVgo/info

children obey his commands. The long-term consequence, however, may be that the children learn to fear or dislike him and become emotionally detached from him. As they grow older, they may avoid contact with him or refuse to see him altogether.

Myths About Anger

Myth #1: The Behavioral Expression of Anger Is Fixed and Cannot Be Changed.

One misconception or myth about anger is that the way we behaviorally express anger is inherited and cannot be changed. Our facial expressions and our nervous system's response when we become angry are inherited, but what we do next, our behavior, is learned. Sometimes, we may hear someone say, "I inherited my anger from my father; that's just the way I am." This statement implies that the behavioral expression of anger is fixed and cannot be changed. Although to some extent a person's proneness toward anger has a genetic basis, psychological traits, like proneness toward anger, are not fixed. A person's childhood environment plays a major role in determining how a person expresses anger (Buades-Rotger & Gallardo, 2014). Because people are not born with set, specific ways of expressing anger it is possible to learn more appropriate ways of expressing anger. Similarly, it is possible to change the way your nervous system reacts after you get angry. You can learn to calm down more quickly with practice.

The approach to anger management used in this treatment manual was influenced by Bandura's (2018) social cognitive theory, in particular, the assumption that behavior is socially learned.

Many studies have established that the way people learn to express anger and violence is by observing others, particularly influential people (Brook, Balka, Zhang, & Brook, 2015; Conger, Neppl, Kim, & Scaramella, 2003). These people include parents, family members, and friends. If children observe parents expressing anger through aggressive acts, such as verbal abuse and violence, it is very likely that they will learn to express anger in similar ways. Fortunately, this behavior can be changed by learning new and appropriate ways of expressing anger. It is not necessary to continue to express anger by aggressive and violent means.

Myth #2: Anger Automatically Leads to Aggression. A related myth involves the misconception that the only effective way to express anger is through aggression. It is commonly thought

that anger is something that builds and escalates to the point of an aggressive outburst. As we saw earlier, however, anger does not necessarily lead to aggression.

In fact, effective anger management involves controlling the escalation of anger by learning assertiveness skills, changing negative and hostile thoughts or “self-talk,” challenging maladaptive beliefs, and

employing a variety of behavioral strategies. These skills, techniques, and strategies will be discussed in later sessions.

Myth #3: People Must Be Aggressive to Get What They Want. Many people confuse assertiveness with aggression. The goal of aggression is to dominate, intimidate, harm, or injure another person—to win at any cost. Conversely, the goal of assertiveness is to express feelings of anger in a way that is respectful of other people. For example, if you were upset because a friend was repeatedly late for meetings, you could respond by shouting obscenities and name-calling.

This approach is an attack on the other person rather than an attempt to address the behavior that you find frustrating or anger provoking.

An assertive way of handling this situation might be to say, “When you are late for a meeting with me, I get pretty frustrated. I wish that you would be on time more often.”

This statement expresses your feelings of frustration and dissatisfaction and communicates how you would like the situation changed. This expression does not blame or threaten the other person and minimizes the chance of causing emotional harm. We will discuss assertiveness skills in more detail in sessions 7 and 8.

Myth #4: Venting Anger Is Always Desirable. For many years, the popular belief among numerous mental health professionals and laypeople was that the aggressive expression of anger, such as screaming or beating on pillows, was healthy and therapeutic. Research studies have found, however, that people who express their

anger aggressively simply get better at being angry (Lilienfeld, Lynn, Ruscio, & Beverstein, 2010; Olatunji, Lohr, & Bushman, 2007). In other words, expressing anger in an aggressive manner reinforces aggressive behavior.

(Ask group members if they have any questions about anger myths or the problems and consequences of anger. Use time for discussion if needed.)

Anger as a Habitual Response

Not only is the behavioral expression of anger learned, but it can become a routine, familiar, and predictable response to a variety of situations. In the short term, people expressing anger often get their way, so they may keep using anger. When anger is displayed frequently and aggressively, it can become a maladaptive habit because it results in negative consequences. Habits, by definition, are performed over and over again, without thinking. People with anger management problems often resort to aggressive displays of anger to solve their problems, without thinking about the negative consequences they may suffer or the effects it may have on the people around them.

Breaking the Anger Habit



Spanic, D. (19 May 2020). *Muscular man punching*. [digital]. Retrieved from: https://unsplash.com/photos/eAQz3nkN_WE/info

Becoming Aware of Anger. To change the anger habit, you must develop an awareness of the circumstances and behaviors of others that trigger your anger. It's also important to be aware of events or situations that can result in anger, even when others aren't involved—when your car won't start or when your computer malfunctions. This awareness also involves understanding the negative consequences that result from anger. For example, you may be in line at the supermarket and become impatient because the lines are too long. In this case, perhaps your anger is triggered by having your time wasted or by being made late for an appointment. You could become angry and then demand that the checkout clerk call for more help. As your anger escalates, you may become involved in a heated exchange with the clerk or another customer.

The store manager may respond by having a security officer remove you from the store. The negative consequences that result from this event are not getting the groceries that you wanted and the embarrassment and humiliation you suffer from being removed from the store. In session 2, we will introduce the anger meter and the anger awareness record, tools that will help you gain deeper awareness of your anger by helping you track what led to the anger and the consequences of anger episodes.

Strategies for Controlling Anger. In addition to becoming aware of anger, you need to develop skills and strategies to effectively manage it. These strategies can be used to stop the escalation of anger before you experience negative consequences. An effective set of strategies for controlling anger should include immediate, interpersonal, and preventive strategies.

- **Immediate strategies** include taking a timeout, deep-breathing exercises, and thought stopping. Interpersonal strategies include strengthening assertive communication and problem solving.
- **Preventive strategies** include developing an exercise program and changing your maladaptive beliefs. These strategies will be discussed in more detail in later sessions.

One example of an anger management strategy you can use right now is the timeout. A

timeout involves leaving a situation if you feel your anger is escalating out of control. For example, you may be a passenger on a crowded bus and become angry because you perceive that people are deliberately bumping into you. In this situation, you can simply get off the bus and wait for a less crowded bus.

The informal use of a timeout may involve stopping yourself from engaging in a discussion or argument if you feel that you are becoming too angry. In this group, you should call a timeout if you feel that your anger is escalating out of control. This can mean that you stop taking part in a difficult conversation or that you leave the room for a short period if you feel that you need to do so.

However, please come back for the remainder of the group session after you have calmed down.

Participant Discussion

(At this point, check back in with group members, perhaps asking them to reintroduce themselves. Ask if anyone has any questions and inquire about their impressions of the information presented thus far. As time allows, engage the group in discussion.)

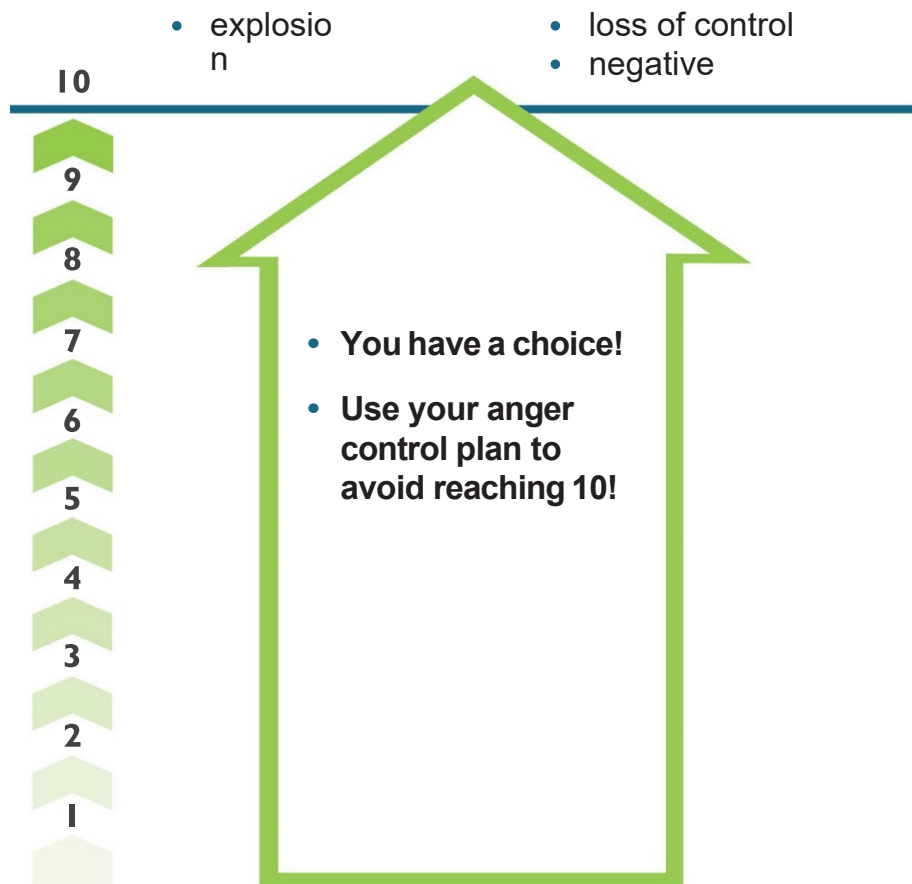
Anger Meter

One technique that is helpful in increasing the awareness of anger is learning to monitor it. A simple way to monitor anger is to use what is called the “**anger meter**.” A 1 on the anger meter represents a complete lack of anger or a total state of calm, whereas a 10 represents intense anger, along with the feeling that you may lose control, that leads to negative consequences. Points between 1 and 10 represent feelings of anger between these extremes. The purpose of the anger meter is to monitor the escalation of anger as it moves up the scale. For example, when a person encounters an anger-provoking event, he or she does not reach a 10 immediately, although it may sometimes feel that way. In reality, the individual’s anger starts at a low number and rapidly moves up the scale. There is always time, provided one has learned effective coping skills, to stop anger from escalating to a 10.

It's important for you to understand that a 10 is reserved for instances when you begin to lose control and suffers (or could suffer) negative consequences. Examples are when a person angrily threatens an intimate partner and the partner moves out or when an individual assaults another person and is arrested by the police.

A second point to make about the anger meter is that people may interpret the numbers on the scale differently. What may be a 5 for one person may be a 7 for someone else. It is much more important to personalize the anger meter and become comfortable and familiar with your individual readings of the numbers on the scale. For this group, however, a 10 is reserved for instances when someone begins to lose control and suffers (or could suffer) negative consequences.

Exhibit 1. The Anger Meter



Between-Session Challenge

Have group members refer to the participant workbook. Ask them to review the group's purpose and rules, the definitions of anger and aggression, the myths about anger, anger as a habitual response, and the anger meter. Ask group members to monitor their levels of anger on the anger meter during the upcoming week and be prepared to report their highest level of anger during the check-in procedure of next week's session.

EVENTS AND CUES

A Conceptual Framework for Understanding Anger

Session 2

Instructions to Group Leaders

In this session, the leader teaches group members how to analyze an anger episode and to identify the events and cues that indicate an escalation of anger. The session begins by following up on the between-session challenge from last week. Group members report on the highest level of anger they reached on the anger meter during the past week. The leader then explains events and cues. A more complete check-in procedure will be used in

session 3 after members have been taught to identify specific anger-related events and the cues that indicate an escalation of anger.

After the check-in procedure, the leader presents the four different types of anger cues (i.e., physical, emotional, behavioral, and cognitive; see Exhibit 2, page 18). After each category is described, group members provide examples and the leader emphasizes that cues may be different for each individual. Members should identify cues that indicate an escalation of their anger.

Finally, the leader introduces group members to the anger awareness record (see Exhibit 3, page 19), which they will use in concert with the anger meter.

Group members use this tool to

list specific events associated with their anger, how intense the anger was, how the anger vested itself, and the consequences of their anger. The leader pays

Outline of Session 2

- Instructions to Group Leaders
- Suggested Remarks
 - Events Associated with Anger
 - Cues to Anger
- Explaining the Check-In Procedure
- Between-Session Challenge

special attention to helping them distinguish between the events and their interpretation of these events. Events refer to facts; interpretations refer to opinions, value judgments, or perceptions of the events. For example, a group member might say, “My boss criticized me because she doesn’t like me.” The leader points out that the specific event was that the boss criticized the group member and that the belief that his boss doesn’t like him is an interpretation that may or may not be accurate.

Suggested Remarks

(Use the following script or put it in your own words.)

Events Associated with Anger

When you get angry, it is because your interpretation of an event has provoked your anger. For example, you may get angry when the bus is late, when you have to wait in line at the grocery store, or when a neighbor plays his music too loud. Everyday events such as these can provoke your anger.

Many times, specific events touch on sensitive areas in

your life. These sensitive areas, sometimes called “**red flags**,” usually refer to longstanding issues that can easily lead to anger.



For example, some of us may have been slow readers as children and may have been

sensitive about our reading ability. Although we may read well now as adults, we may continue to be sensitive about this issue. This sensitivity may be revealed when someone rushes us while we are completing an application or reviewing a memo and may trigger anger because we may feel that we are being criticized or judged as we were when we were children. This sensitivity may also show itself in a more direct way, such as when someone calls us “slow” or “stupid.”

A new trigger to anger that has emerged over the last decade is bad online behavior. This can take many forms. It's easy to get drawn into a debate and become angry when you cannot change someone's mind about something you care passionately about. Some people, commonly called “trolls,” enjoy teasing, bullying, or belittling people in social media forums. People can defame or post unflattering or damaging pictures of those they feel have wronged them. In extreme cases, people can steal your identity or post your private information on social media (commonly called “doxing”).

Usually, anger-related events involve other people who get in the way of achieving our goals, but sometimes we may treat inanimate objects as if they were trying to interfere with our plans and goals, such as cars that break down or cell phones and computers that malfunction. Sometime people get angry and take it out on inanimate objects, such as smashing a computer or throwing a cell phone out the window when a signal is lost during an important conversation.

In addition to events experienced in the here and now, you may also recall an event from your past that made you angry. You might remember, for example, how the bus always seemed to be late before you left home for an important appointment. Just thinking about how late the bus was in the past can make you angry in the present. Another example may be when you recall a situation involving a family member who betrayed or hurt you in some way. Remembering this situation, or this family member, can raise your number on the anger meter. Here are examples of things in daily life that can trigger anger:

- Having to wait a long time (on the phone or in an office)

- Being stuck in traffic or on a crowded bus
- A friend or coworker saying hurtful or untrue things
- A friend not paying back money owed to you
- Having to clean up someone else's mess
- Neighbors who are inconsiderate
- Dealing with a frustrating person or situation on the Internet

Cues to Anger

A second important aspect of anger monitoring is to increase awareness of the cues that occur in response to the anger-related event. These cues serve as warning signs that you have become angry and that your anger is continuing to escalate. They can be broken down into four cue categories: physical, behavioral, emotional, and cognitive (or thought) cues.

Physical Cues. Physical cues involve the way our bodies respond when we become angry. For example, our heart rates may increase, we may feel tightness in our chests, or we may feel hot and flushed. These physical cues can also warn us that our anger is escalating out of control or approaching a 10 on the anger meter. We can learn to identify these cues when they occur in response to an anger-related event.

Can you identify some physical cues that you have experienced when you have become angry?

Behavioral Cues. Behavioral cues involve the behaviors we display when we get angry, which are observed by other people around us. For example, we may clench our fists, pace back and forth, slam a door, or raise our voices. These behavioral responses are the second cue of our anger. As with physical cues, they are warning signs that we may be approaching a 10 on the anger meter.

What behavioral cues have you experienced when you have become angry?

Emotional Cues. Emotional cues involve other feelings that may occur along with our

anger.

For example, we may become angry when we feel abandoned, afraid, discounted, disrespected, guilty, humiliated, impatient, insecure, jealous, or rejected. These kinds of feelings are the core or primary feelings that underlie our anger. It is easy to discount these primary feelings because they often make us feel vulnerable. An important component of anger management is to become aware of, and to recognize, the primary feelings that underlie our anger. In this group, we will view anger as a secondary emotion to these more primary feelings.



Can you identify some primary feelings that you have experienced during an episode of anger?

Cognitive Cues. Cognitive cues refer to the thoughts that occur in response to the anger-related event. When people become angry, they may interpret events in certain ways. For example, we may interpret a friend's comments as criticism, or we may interpret the actions of others as demeaning, humiliating, or controlling. Some people call these thoughts "self-talk" because they resemble a conversation, we are having with ourselves. For people with anger problems, this self-talk is usually very critical and hostile in tone and content. It reflects beliefs about the way they think the world should be—beliefs about people, places, and things. As the self-talk continues to spiral, the person can become more and more angry.

Closely related to thoughts and self-talk are fantasies and images. Fantasies and

images are other types of cognitive cues that can indicate an escalation of anger. For example, we might fantasize about seeking revenge on a perceived enemy or imagine or visualize our spouse having an affair. When we have these fantasies and images, our anger can escalate even more rapidly.

Can you think of other examples of cognitive or thought cues?

Explaining the Check-In Procedure

(In this session, group members are instructed to begin to monitor their anger and identify anger-related events and situations using the anger meter that was introduced in session 1 and the anger awareness record. Use the following script or put it in your own words.)

In each weekly session, we will use a check-in procedure to follow up on the between-session challenge from the previous week to report on anger you may have experienced during the week. The weekly check-in procedure helps increase awareness about your patterns of anger and identifies the kinds of situations, thoughts, feelings, and consequences that are associated with anger. At each check-in, we will provide encouraging and supportive comments for any efforts made, briefly discuss ways you solved problems or removed barriers that you encountered with the between-session challenge, and encourage your efforts moving forward.

Use the anger meter to determine your highest level of anger and the columns in the anger awareness record to identify the event that led to your anger, the cues that were associated with this anger, the number rating on the anger meter, the behavior that resulted, negative consequences from the anger, and the strategies you used to manage the anger in response to the event. We will be sure to discuss any positive outcomes. Did you head off your anger? If so, what strategies did you use? We will use the following questions to check in at the beginning of each session:

- I. What was the event that led to your anger?

2. What cues were associated with the anger-related event? For example, what were the physical, behavioral, emotional, or cognitive cues?
3. Were there negative consequences from your anger?
4. What strategies did you use and how did they help you manage your anger?

Exhibit 2. Cues to Anger: Four Cue Categories

1. **Physical** (examples: rapid heartbeat, tightness in chest, feeling hot or flushed)
2. **Behavioral** (examples: pacing, clenching fists, raising voice, staring)
3. **Emotional** (examples: fear, hurt, jealousy, guilt)
4. **Cognitive/Thoughts** (examples: hostile self-talk, images of aggression and revenge)

Exhibit 3. Anger Awareness Record

Situation	Anger Cues	Anger Meter Rating	Behavior	Consequences (Positive/Negative)	Strategies Used
What sets me up to become angry?	What was I thinking? What was I feeling? What did I tell myself?	1= Low 10= High	What did I do to them?	What good or bad things happened?	What tools did I use to response?

Between-Session Challenge

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter. Ask them to use the anger awareness record to identify the event that led to their anger, the cues associated with the anger-provoking event, any positive outcomes or negative consequences, and the strategies that they used to manage their anger in response to the event. Group members will learn more anger management strategies starting in session 3, but encourage them to use those already discussed—or those that have worked for them in the past—and record them in the anger awareness record. Tell group members they should be prepared to report on this assignment during the check-in procedure in next week’s session.

ANGER CONTROL PLANS

Helping Group Members Develop a Plan for Controlling Anger

Session 3

Instructions to Group Leaders

In this session, the leader begins by discussing with group members the reasoning behind cognitive-behavioral strategies for managing their anger. By now, group members have begun to learn how to monitor their anger and identify anger-related events and situations. At this point, it is important to help them develop a collection of anger management strategies. This repertoire of strategies includes an anger control plan (See Exhibit 4, page 23) and a social support plan (See

Exhibit 5, page 25). The anger control plan should consist of *immediate* strategies, those that can be used in the heat of the moment when anger is rapidly escalating, and *preventive* strategies those that can be used to prevent escalation of anger before it begins. It is important to encourage members to use strategies that work best for them. Some find cognitive restructuring (e.g., challenging hostile self-talk or maladaptive beliefs) very effective. Others prefer using strategies such as timeout, thought stopping, assertive communication, and problem solving (discussed later). The main point is to help group members individualize their anger control plans and develop strategies they are comfortable with and that they will readily use. A good starting place is for members to build on strategies they are already using to manage their anger. This session concludes by helping group members develop effective strategies for controlling their anger and clarifying and reinforcing these strategies during the check-in procedure.

This session starts with the check-in procedure and ends with a breathing exercise as a form of relaxation training. Before leading members in the breathing exercise, the leader asks whether anyone has had experience with different forms of relaxation.

Outline of Session 3

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
 - Why Cognitive–Behavioral Therapy?
 - Anger Control Plans
 - Social Support
 - Relaxation Through Breathing
- Between-Session Challenge

Then the leader describes the continuum of relaxation techniques, which can range from simple breathing exercises to elaborate, guided imagery. Group members practice two short and simple relaxation exercises, deep breathing and progressive muscle relaxation. Experience shows that they are more likely to use these simple forms of relaxation if they practice them with the group first.

Check-In Procedure

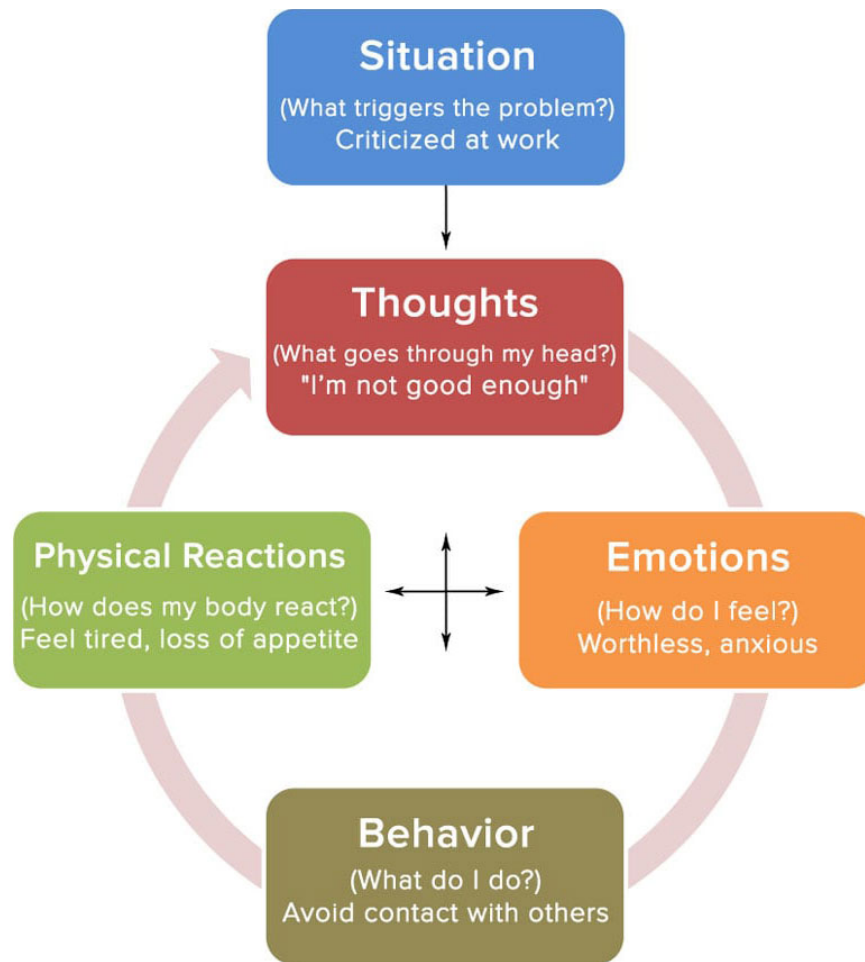
Ask group members to report their highest level of anger on the anger meter and report on their use of the anger awareness record during the week to identify the events that led to their anger, the cues that were associated with the anger-related event, and positive outcomes or negative consequences. Help them identify the cues that occurred in response to the anger-related event, classify these cues into the four cue categories, and identify successes and challenges in managing their anger in the previous week. Provide encouraging and supportive comments for any efforts made, briefly discuss ways group members solved problems or removed barriers encountered with the between-session challenge, and encourage efforts moving forward.

Suggested Remarks

(Use the following script or put it in your own words.)

Why Cognitive–Behavioral Therapy?

One goal of **cognitive–behavioral therapy** is to reframe the way you think about a problem (the cognitive part) so that you can change your approach to it (the behavioral part). When you use cognitive–behavioral techniques, you train your brain to respond in a different way to a problem. As our sessions progress, we will pay attention to feelings and sensations that let us know when we're getting angry and practice techniques, we can use to stop anger from escalating. The more we pay attention to anger cues and triggers and the more we practice different techniques to stop anger, the better you will get at managing your anger.



Behera, S. (2014). *Cognitive Behavioral Therapy: Induction, Methodology, and Benefits of CBT*. [digital]. Retrieved from: <https://www.online-therapy.com/blog/cognitive-behavior-therapy-introduction-methodology-benefits-cbt/>

Up to this point, you have focused on how to monitor your anger. In the first session, you learned how to use the anger meter to rate your anger. Last week, you learned how to identify the events associated with your anger, as well as the physical, behavioral, emotional, and cognitive cues associated with each event, and how to track them with the anger awareness record. Today, we will discuss how to develop an anger control plan and a social support plan and how you can use specific strategies, such as timeouts and relaxation, to control your anger. In later sessions, we will cover other strategies, such as learning to change negative or hostile self-talk and using the Conflict Resolution Model (see sessions 7 and 8). These more advanced strategies can be used along with timeouts and relaxation.

Anger Control Plans

The basic idea in developing an anger control plan is to try many different strategies and find the anger control techniques that work best for you. Once you identify these strategies, you can add them to your anger control plans and use them when you start to get angry. Some people refer to their anger control plans as their toolbox and the specific strategies they use to control their anger as their tools. This analogy may be very helpful. Again, it is important to identify the specific anger control strategies that work best for you. These strategies should be written down in a formal anger control plan that you can refer to when you encounter an anger-related event.

An effective strategy that many people use, for example, is to talk about their feelings with a supportive friend who was not involved with the event that led to their anger. By discussing anger, you can begin to identify the primary emotions that underlie it and determine whether your thoughts and expectations in response to the anger-related event are rational. Often, a friend whom you trust can provide a different perspective on what is going on in your life. Even if your friend just listens, expressing your feelings can make you feel better. It is a good idea to plan out time for social support. Whom will you talk to when you need some perspective on your anger?

The long-term objective of anger management treatment is to develop a set of strategies that you can use appropriately for specific anger-related events. Later sessions will introduce more strategies and techniques that are helpful in managing anger. Once you have selected the strategies that work best, you should refine them by applying them in real-life situations. To use the toolbox analogy, different tools may be needed for different situations. We will return to this concept in later sessions and highlight the importance of developing an anger control plan that helps you manage anger effectively in a variety of situations.

Timeout. As mentioned in session 1, the concept of a timeout is especially important to anger management. It is the basic anger management strategy

recommended for inclusion in everyone's anger control plan. As we said earlier, it's like how football teams take a timeout to regroup. A timeout means leaving the situation that is causing the escalation of anger or putting a stop to the discussion that is provoking it.

It's possible to also develop a formal timeout policy with family and friends. A formal timeout involves relationships with other people; it requires an agreement or a plan that has been drawn up in advance. These relationships may involve family members, friends, and coworkers. Any of the parties involved may call a timeout based on rules that have been agreed on by everyone.

The person calling the timeout can leave the situation, if necessary. It is agreed, however, that he or she will return to either finish the discussion or postpone it, depending on whether all those involved feel they can successfully resolve the issue.

Whether you use a timeout or a formal timeout, these strategies are important because they can be effective in the heat of the moment. Even if your anger is escalating quickly on the anger meter, you can avoid reaching 10 by taking a timeout and leaving the situation.

Timeouts are also effective when they are used with other strategies. For example, you can take a timeout and go for a walk. You can also take a timeout and call a trusted friend or family member or write in your journal. These other strategies should help you calm down during the timeout period.

Can you think of specific strategies that you might use to control your anger? Should these strategies be included in your anger control plan?

Exhibit 4. Sample of an Anger Control Plan

1. Take a timeout.
2. Talk to a friend (someone you trust).
3. Use the Conflict Resolution Model to solve problems with expressing anger (discussed in more detail in sessions 7 and 8).
4. Exercise (examples: take a walk, go to the gym).
5. Attend 12-Step meetings.
6. Explore primary feelings beneath the anger.

Social Support

An important part of the anger control plan can be social support. You should seek support and feedback from people you trust to support your recovery, including anger management strategies that will deescalate, rather than escalate, the situation. You should seek advice from one another

and others who are in recovery and from members in support networks, including members of 12-Step groups, 12-Step

sponsors, or other mutual-help group members. A social support action plan that you develop yourself may help you follow through with seeking social support.

We all need support at different times in our lives to help us reach our goals and deal successfully with challenges that come our way. Having a network of people who understand and support your efforts to change can be extremely helpful.



What types of support are out there?

- **Self-help groups**
- **Professional help**
- **Spiritual or religious affiliations**
- Personal relationships
- Coworkers
- Community service agencies

How to ask for support

- Be specific about what type of support you need.
- Show appreciation for the person's support if it was helpful.
- Give feedback to the person if he or she is giving support that was not helpful.
- Find a way to support the other person.

Exhibit 5. Plan for Seeking Support

Support	How This Support Will Help	Plan for Getting This Support
Support	How This Support Will Help	Plan for Getting This Support
Support	How This Support Will Help	Plan for Getting This Support

(The leader might consider having participants practice asking for help in this session or in a later review session.)

Relaxation Through Breathing

We have discussed the physical cues to anger, such as an increased heartbeat, feeling hot or flushed, or muscle tension. These types of physical cues are examples of what is commonly called the stress response. In the stress response, the nervous system is energized; in this agitated state, a person may have trouble returning to lower levels on the anger meter and additional anger-related situations and events can increase risk for a further escalation of anger.



An interesting aspect of the nervous system is that everyone has a relaxation response that counteracts the stress response. It is physically impossible to be both agitated and relaxed at the same time. If you can relax successfully, you can counteract the stress or anger response.

We will end this session by practicing a deep-breathing exercise as a relaxation technique. In session 4, we will practice progressive muscle relaxation as another relaxation technique.

Deep-Breathing Exercise

(Use this script or put it in your own words.)

Get comfortable in your chair. If you like, close your eyes; or just gaze at the floor.

Take a few moments to settle yourself. Now make yourself aware of your body. Check your body for tension, beginning with your feet, and scan upward to your head. Notice any tension you might have in your legs, your stomach, your hands and arms, your shoulders, your neck, and your face. Try to let go of the tension you are feeling.

Now, make yourself aware of your breathing. Pay attention to your breath as it enters and leaves your body. This can be very relaxing.

Let's all take a deep breath together. Notice your lungs and chest expanding. Now slowly exhale. Again, take a deep breath. Fill your lungs and chest. Notice how much air you can take in. Hold it for a second. Now release it and slowly exhale. One more time, inhale slowly and fully. Hold it for a second, and release.

Now on your own, continue breathing in this way for another couple of minutes. Continue to focus on your breathing. With each inhalation and exhalation, feel your body becoming more and more relaxed. Use your breathing to wash away any remaining tension.

(Allow group members to practice breathing for 1 to 2 minutes in silence.)

Now let's take another deep breath. Inhale fully, hold it for a second, and release. Inhale again, hold, and release. Continue to be aware of your breath as it fills your lungs. Once more, inhale fully, hold it for a second, and release.

When you feel ready, open your eyes.

How was that? Did you notice any new sensations while you were breathing? How do you feel now?

This breathing exercise can be shortened to just three deep inhalations and exhalations. Even that much can be effective in helping you relax when your anger is escalating. You can practice this at home, at work, on the bus, while waiting for an appointment, or even while walking. The key to making deep breathing an effective relaxation technique is to practice it frequently and to apply it in a variety of situations.

THE AGGRESSION CYCLE

How To Change the Cycle

Session 4

Instructions to Group Leaders

In this session, the leader presents the aggression cycle (see Exhibit 6, page 29) and introduces progressive muscle relaxation. As in the previous two sessions, the session begins with the check-in procedure, namely, group members reporting on their anger and reviewing entries in their anger awareness record. The leader then presents the three-phase aggression cycle, which consists of buildup, explosion, and aftermath.

This cycle

serves as a framework that incorporates the concepts of the anger meter, cues to anger, and the anger control plan.

The session ends with a presentation on a progressive muscle relaxation exercise. Progressive muscle relaxation is another technique that has been effective in reducing anger levels. An alternative to the deep-breathing exercise introduced in session 3, it is straightforward and easy to learn. Progressive muscle relaxation can also be done in combination with deep breathing.

Check-In Procedure

Ask group members to report their highest level of anger on the anger meter and report on their use of the anger awareness record during the week to identify

Outline of Session 4

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
 - The Aggression Cycle
 - Progressive Muscle Relaxation
- Between-Session Challenge

the events that led to their anger, the cues that were associated with the anger-related event, and positive outcomes or negative consequences. Help them identify the cues that occurred in response to the anger-related event, classify these cues into the four cue categories, and identify successes and challenges in managing their anger in the previous week. As part of the check-in procedure, include a follow-up on the between-session challenge from the previous week's session. Ask group members to report on the specific anger management strategies listed thus far in their anger control plans.

In addition, inquire whether they practiced the deep-breathing exercise that was introduced in session 3. Provide encouraging and supportive comments for any efforts made, briefly discuss ways group members solved problems or removed barriers encountered with the between-session challenge, and encourage efforts moving forward.

Suggested Remarks

(Use the following script or put it in your own words.)

The Aggression Cycle

In the last three sessions, we reviewed the anger meter, the anger awareness record, cues to anger, and the anger control plan, including social support. This session presents the framework for integrating these anger management concepts. This framework is the aggression cycle.

From an anger management perspective, an episode where anger leads to aggression can be viewed as consisting of three phases: *buildup*, *explosion*, and *aftermath*. Together, they make up the aggression cycle. In this process, the buildup phase is characterized by cues that indicate anger is escalating. As stated in session 2, these cues can be physical, behavioral, emotional, or cognitive (thoughts). As you may recall, cues are warning signs, or responses, to anger-related events. Events are situations that occur and may lead to escalations of anger if effective anger management strategies are not used. Red-flag events are types of situations that are unique to you and that you are

especially sensitive to because of past events. These events can involve internal processes (e.g., thinking about situations that were anger provoking in the past) or external processes (e.g., experiencing real-life, anger-related situations in the here and now).

If the buildup phase can continue, the explosion phase can follow. The **explosion phase** is marked by a discharge of anger displayed as verbal or physical aggression. This discharge, in turn, leads to negative consequences; it is synonymous with the number 10 on the anger meter.

The final stage of the aggression cycle is the aftermath phase. It is characterized by negative consequences resulting from the verbal or physical aggression displayed during the explosion phase. These consequences may include going to jail, making restitution, being terminated from a



job or discharged from a drug treatment or social service program, being alienated from family and loved ones, or feelings of guilt, shame, and regret.

The intensity, frequency, and duration of anger in the aggression cycle vary among individuals. For example, one person's anger may build rapidly after a provocative event and, within just a few minutes, reach the explosion phase. Another person's anger may build slowly but steadily over several hours before reaching the explosion phase. Similarly, one person may experience more episodes of anger and progress through the aggression cycle more often than another person. However, both individuals, despite differences in how quickly

their anger escalates and how frequently they experience anger, will undergo all three phases of the aggression cycle.

The intensity of these individuals' anger also may differ. One person may engage in more violent behavior than another person in the explosion phase. For example, an individual may use weapons or assault someone. Another person may express his or her anger during the explosion phase by shouting at or threatening other people. Regardless of these individual differences, the explosion phase is synonymous with becoming verbally or physically aggressive.

Notice that the buildup and explosion phases of the aggression cycle correspond to the levels on the anger meter. The points below 10 on the anger meter represent the buildup phase, the building up of anger. The explosion phase, on the other hand, corresponds to 10 on the anger meter. Again, 10 on the anger meter is the point at which one expresses anger through verbal or physical aggression that leads to negative consequences.

One of the primary objectives of anger management treatment is to keep from reaching the explosion phase. This is accomplished by using the anger meter to monitor changes in your anger, using the anger awareness record to help you pay attention to the cues or warning signs that indicate anger is building, and employing the appropriate strategies from your anger control plans to stop the buildup of anger. If you prevent the explosion phase from occurring, the aftermath phase will not occur, and the aggression cycle will be broken. If you use your anger control plans effectively, your anger should not progress to a 10 on the anger meter. This is a reasonable goal to aim for.

Exhibit 6. The Aggression Cycle

- increased heart rate
- flushed, hot
- clenched fists
- pacing back and forth
- feelings that underlie anger
- hostile thoughts and self-talk
- fantasies, images
- verbal aggression
- destructive violence
- fired from job
- kicked out of treatment
- financial costs
- loss of family, friends
- jail



Progressive Muscle Relaxation

Last week you practiced deep breathing as a relaxation technique. Today I will introduce progressive muscle relaxation.

A Progressive Muscle Relaxation Exercise

(Use this script or put it in your own words.)

Start by getting comfortable in your chairs. Close your eyes if you like. Take a moment to really settle in. Now, as you did last week, begin to focus on your breathing. Take a deep breath. Hold it for a second. Now exhale fully and completely. Again, take a deep breath. Fill your lungs and chest. Now release and exhale slowly. Again, one more time, inhale slowly, hold, and release.

Now, while you continue to breathe deeply and fully, bring your awareness to your hands. Clench your fists tightly. Hold that tension. Now relax your fists, letting your fingers unfold and letting your hands completely relax. Again, clench your fists tightly. Hold and release the tension. Imagine all the tension being released from your hands down to your fingertips. Notice the difference between the tension and complete relaxation.

Now bring your awareness to your arms. Curl your arms as if you are doing a bicep curl. Tense your fists, forearms, and biceps. Hold the tension and release it. Let the tension in your arms unfold and your hands float back to your thighs. Feel the tension drain out of your arms. Again, curl your arms to tighten your biceps. Notice the tension, hold, and release. Let the tension flow out of your arms. Replace it with deep muscle relaxation.

Now raise your shoulders toward your ears. Really tense your shoulders. Hold them up for a second. Gently drop your shoulders, and release all the tension. Again, lift your shoulders, hold the tension, and release. Let the tension flow from your shoulders all the way down your arms to your fingers. Notice how different your muscles feel when they are relaxed.

Now bring your awareness to your neck and face. Tense all those muscles by making a face. Tense your neck, jaw, and forehead. Hold the tension and release. Let the muscles of your neck and jaw relax. Relax all the lines in your forehead. One final time, tense all the muscles in your neck and face, hold, and release. Be aware of your muscles relaxing at the top of your head and around your eyes. Let your eyes relax in their sockets, almost as if they were sinking into the back of your head. Relax your jaw and your throat. Relax all the muscles around your ears. Feel all the tension in your neck muscles release.

Now just sit for a few moments. Scan your body for any tension and release it. Notice how your body feels when your muscles are completely relaxed.

When you are ready, open your eyes. How was that? Did you notice any new sensations? How does your body feel now? How about your state of mind? Do you notice any difference now from when we started?

(If anyone experiences pain during this exercise, encourage them to reduce their level of exertion or focus on relaxing their muscles without first tensing them.)

Between-Session Challenge

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter. Ask them to use the anger awareness record to identify the event that led to their anger, the cues associated with the anger-provoking event, any positive outcomes or negative consequences, and the strategies that they used to manage their anger in response to the event. Ask them to review the aggression cycle and practice progressive muscle relaxation, preferably once a day, during the coming week. Remind them to continue to develop their anger control plans.

The A-B-C-D Model and Thought Stopping

Session 5

Instructions to Group Leaders

In this session, the leader presents the A-B-C-D Model—a form of cognitive restructuring (see Exhibit 7, page 35; Ellis, 1979; Ellis & Harper, 1975)—and the technique of thought stopping. Cognitive restructuring is an advanced anger management technique that

requires group members to examine and change their thought processes. Some may be familiar with cognitive restructuring, whereas others may have little or no experience with this concept. In addition, some people may initially have difficulty understanding the concept or may not yet be ready to challenge or change their maladaptive beliefs. It is important to accept these group members, whatever their level of readiness and understanding, and help them identify how their maladaptive beliefs perpetuate anger and how modifying these beliefs can prevent further escalation of anger.

In addition to presenting the A-B-C-D Model, the session includes a discussion on thought stopping. Thought stopping is accepted and readily understood by most clients. Regardless of whether they view beliefs as maladaptive, most people recognize that these specific beliefs increase anger and lead to the explosion phase (10 on the anger meter). Thought stopping provides an immediate and direct strategy for helping people manage the beliefs that cause their anger to escalate.

Outline of Session 5

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
 - The A-B-C-D Model
 - Thought Stopping
- Between-Session Challenge

Check-In Procedure

Ask group members to report their highest level of anger on the anger meter and report on their use of the anger awareness record during the week to identify the events that led to their anger, the cues that were associated with the anger-related event, and positive outcomes or negative consequences. Help them identify the cues that occurred in response to the anger-related event and help them classify these cues into the four cue categories. As part of the check-in procedure, include a follow-up of the between-session challenge from last week's session. Specifically, ask group members to report on the development of their anger control plans. In addition, inquire whether they practiced the progressive muscle relaxation exercise. Provide encouraging and supportive comments for any efforts made, briefly discuss ways group members solved problems or removed barriers encountered with the between-session challenge, and encourage efforts moving forward.

Suggested Remarks

(Use the following script or put it in your own words.)

The A-B-C-D Model

The **A-B-C-D Model (or rational-emotive model)** is consistent with the way we conceptualize anger management treatment. In this model, “A” stands for an activating event, what we have been calling the red-flag event. “B” represents the beliefs people have about the activating event. The model is based on the assumption that it is not the events themselves that produce feelings such as anger, but our interpretations of and beliefs about the events. “C” stands for the emotional consequences of events. In other words, these are the feelings people experience as a result of their interpretations of and beliefs concerning the event.

According to cognitive-behavioral theorists, as people become angry, they engage in an internal dialog, called “self-talk.” For example, suppose you were waiting for a bus to arrive. As it approaches, several people push in front of

you to board. In this situation, you may start to get angry. You may be thinking, “How can people be so inconsiderate! They just push me aside to get on the bus. They obviously don’t care about me or other people.” Examples of the maladaptive self-talk that can produce anger escalation are reflected in statements such as “People should always be more considerate of my feelings,” “How dare they be so inconsiderate and disrespectful,” and “They obviously don’t care about anyone but themselves.”

People do not have to get angry when they encounter such an event. The event itself does not get them upset and angry; rather, it is people’s interpretations of and beliefs concerning the event that cause the anger. Beliefs underlying anger often take the form of “should” and “must.” Most of us may agree, for example, that respecting others is an admirable quality. Our belief might be, “People should always respect others.” In reality, however, people often do not respect each other in everyday encounters. You can choose to view the situation more realistically as an unfortunate defect of human beings, or you can let your anger escalate every time you witness, or are the recipient of, another person’s disrespect. Unfortunately, your perceived disrespect can keep you angry and push you toward the explosion phase. Ironically, it may even lead you to show disrespect to others, which would violate your own fundamental belief about how people should be treated.

The A-B-C-D approach consists of identifying maladaptive beliefs and disputing them with more rational or realistic perspectives, so in this model, “*D*” stands for *dispute*. You may get angry, for example, when you start thinking, “**I must always be in control. I must control every situation.**” It is not possible or appropriate, however, to control every situation. Rather than continue with these beliefs, you can try to dispute them. You might tell yourself, “I have no power over things I cannot control” or “I have to accept what I cannot change.” These are examples of ways to dispute beliefs that you may have already encountered in 12-Step programs such as Alcoholics Anonymous or Narcotics Anonymous.

People may have many other maladaptive beliefs that can lead to anger. For

example, suppose a friend disagrees with you. You may start to think, **“I’m always very nice to him; he should like me and trust my opinion.”** If you hold such a belief, you are likely to get upset and angry when you perceive rejection. However, if you dispute this maladaptive belief by saying, **“People won’t always agree with me; some people will disagree with me,”** you will most likely start to calm down and be able to control your anger more easily.



Heuser. (n.d.) *Create a Kinder Mind: How to Stop Your Mean, Hurtful Self-Talk.* [digital]. Retrieved from: <https://tinybuddha.com/blog/create-a-kinder-mind-how-to-stop-your-mean-hurtful-self-talk/>

Another common maladaptive belief is, **“I must be respected and treated fairly by everyone.”** This also is likely to lead to frustration and anger. People will sometimes be rude to you and treat you unfairly—it’s unavoidable. Perhaps those people are rude and inconsiderate to everyone; perhaps they are normally kind but are having a stressful day. This is unfortunate, but from an anger management perspective, it is better to accept the unfairness and lack of interpersonal connectedness that can happen in our day-to-day interactions. Thus, to dispute this belief, it is helpful to tell yourself, **“I can’t expect to be treated fairly by**

everyone.”

Other beliefs that may lead to anger include “Everyone should follow the rules” or “Life should be fair” or “Good should prevail over evil” or “People should always do the right thing.” These are beliefs that are not always followed by everyone in society, and usually there is little you can do to change that. How might you dispute these beliefs? In other words, what thoughts that are more adaptive and less apt to lead to anger can be substituted for such beliefs?

For people with anger control problems, these maladaptive beliefs can lead to the explosion phase (10 on the anger meter) and to the negative consequences of the aftermath phase. It is often better to change your outlook by disputing your beliefs and creating an internal dialog or self-talk that is more rational and adaptive.

Exhibit 7. The A-B-C-D Model

A = Activating Situation or

Event B = Belief System

- What you tell yourself about the event (your self-talk)
- Your beliefs and expectations of others

C = Consequence

- How you feel about the event based on your self-talk

D = Dispute

- Examine your beliefs and expectations
- Are they unrealistic or maladaptive?

Based on the work of Ellis (1979) and Ellis and Harper (1975).

Thought Stopping

A second approach to controlling anger is called “thought stopping.” It provides an

immediate and direct alternative to the A-B-C-D Model. In this approach, you simply tell yourself (through a series of self-commands) to stop thinking the thoughts that are getting you angry. For example, you might tell yourself, “I need to stop thinking these thoughts; I will only get into trouble if I keep thinking this way” or “Don’t buy into this situation” or “Don’t go there.” In other words, instead of trying to dispute your thoughts and beliefs, as outlined in the A-B-C-D Model, the goal is to stop your current pattern of angry thoughts before they lead to an escalation of anger.

Between-Session Challenge

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter. Ask them to use the anger awareness record to identify the event that led to their anger, the cues associated with the anger-provoking event, any positive outcomes or negative consequences, and the strategies that they used to manage their anger in response to the event. Ask members to review the A-B-C-D Model and to record at least two maladaptive beliefs and how they would dispute these beliefs. In addition, instruct them to use the thought-stopping technique, preferably once a day during the coming week. Remind them to continue to develop their anger control plans

PRACTICE SESSION #1
Reinforcing Learned Concepts

Session 6

Instructions to Group Leaders

In this session, the leader reviews and summarizes the basic concepts of anger management presented thus far, paying special attention to clarifying and reinforcing concepts (i.e., the anger meter, anger awareness record, cues to anger,

anger control plans, the aggression cycle, and cognitive restructuring). The leader also encourages and supports efforts to develop anger control plans and to balance cognitive, behavioral, immediate, and preventive strategies. Group members practice the various techniques they have learned, including rehearsing their anger control and social support plans.

Outline of Session 6

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
- Between-Session Challenge

Check-In Procedure

Ask group members to report their highest level of anger on the anger meter and report on their use of the anger awareness record during the week to identify the events that led to their anger, the cues that were associated with the anger-related event, and positive outcomes or negative consequences. Help them identify the cues that occurred in response to the anger-related event and help them classify these cues into the four cue categories. As part of the check-in procedure, include a follow-up of the between-session challenge from last week's session. Ask what strategies they employed or might employ. Ask group members to report on their use of the A-B-C-D Model during the past week and to provide a brief update on the ongoing development of their anger control plans. Provide encouraging and supportive comments for any efforts

made, briefly discuss ways group members solved problems and removed barriers encountered with the between-session challenge, and encourage efforts moving forward.

Suggested Remarks

(Use the following script or use your own words.)

In this session, we will review the anger management material we have covered thus far. We will review each concept and clarify any questions that you may have. Here are topics that we might want to cover:

- Anger myths (pages 10–11)
- Changing the anger habit (page 11)
- Anger meter (page 13)
- Triggers for anger (pages 15–16)
- The four kinds of anger cues (pages 16–17)
- Anger awareness record (page 19)
- Anger control plans (pages 22–23)
- Enhancing social support (pages 23–24)
- Deep breathing and muscle relaxation (page 26)
- The aggression cycle (pages 28–29)
- Progressive muscle relaxation (page 30)
- A-B-C-D Model (pages 34–35)
- Thought stopping (page 35)

Discussion is encouraged during this review, and you will be asked to describe your understanding of the anger management concepts.

Between-Session Challenge

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter. Ask them to use the anger awareness record to identify the event that led to their anger, the cues associated with the anger-provoking event, any positive outcomes or negative consequences, and the strategies that they used to manage their anger in response to the event. Remind them to continue to develop their anger control plans.

ASSERTIVENESS TRAINING AND THE CONFLICT RESOLUTION MODEL

Alternatives for Expressing Anger

Sessions 7 & 8

Instructions to Group Leaders

Sessions 7 and 8 are combined because it takes more than one session to adequately address assertiveness, aggression, passivity, and the Conflict Resolution Model (see Exhibit 8, page 43).

Outline of Sessions 7 & 8

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
- Between-Session Challenge

Assertiveness is such a fundamental skill in interpersonal interactions and anger management that the group will spend 2 weeks developing and practicing this concept. These two 90-minute sessions present an introduction to assertiveness training. The majority of this week's session is spent reviewing the definitions of assertiveness, aggression, and passivity and presenting the Conflict Resolution Model. The **Conflict Resolution Model** is an assertive device for resolving conflicts with others. It consists of a series of problem-solving steps that, when followed closely, minimize the potential for anger escalation. Next week's session, in contrast, focuses on group members roleplaying real-life situations using the Conflict Resolution Model. It is important to emphasize that assertive, aggressive, passive, and passive-aggressive responses are learned behaviors and not innate, unchangeable traits. The goal of these two sessions is to teach members how to use the Conflict Resolution Model to develop assertive responses rather than aggressive, passive, or passive-aggressive responses.

Check-In Procedure

Ask group members to report their highest level of anger on the anger meter and report on their use of the anger awareness record during the week to identify the events that led to their anger, the cues that were associated with the anger-

related event, and positive outcomes or negative consequences. Help them identify the cues that occurred in response to the anger-related event and help them classify these cues into the four cue categories. Ask members to report on the ongoing development of their anger control plans. Provide encouraging and supportive comments for any efforts made, briefly discuss ways group members solved problems and removed barriers encountered with the between-session challenge, and encourage efforts moving forward.

Suggested Remarks

(Use the following script or use your own words.)

Assertiveness Training

Sessions 7 and 8 provide an introduction to assertiveness training and the Conflict Resolution Model. Assertiveness involves a set of behaviors and skills that require time and practice to learn and master. In this group, we focus on one important aspect of assertiveness training, that is, conflict resolution. The Conflict Resolution Model can be particularly effective for helping individuals manage their anger.



Kumar, P. (2020). *Conflict Resolution*. [digital]. Retrieved from: <https://slidebazaar.com/blog/conflict-resolution-definition-process-and-importance/>

Many interpersonal conflicts occur when you believe that your rights have been violated. Before entering anger management treatment, you may have tended to respond with aggressive behavior when you believed that another person showed you disrespect or treated you unfairly. In today's session, we will discuss several ways to resolve interpersonal conflicts without resorting to aggression.

As we discussed in session 1, aggression is *behavior* that is intended to control a person or situation or cause harm or injury to another person or damage property. This behavior can include verbal abuse, threats, or violent acts. Often, when another person has been rude or unfair to you, your first reaction may be to fight back or retaliate. The basic message of aggression is, “My feelings, thoughts, and beliefs are important and that your feelings, thoughts, and beliefs are unimportant and inconsequential.”

One alternative to using aggressive behavior is to act passively or in a nonassertive manner. Acting in a passive or nonassertive way is undesirable because you allow your rights to be violated. You may resent the person who treated you unfairly, and you may be angry with yourself for not standing up to the other person. In addition, it is likely that you will become even more angry the next time you encounter this person. The basic message of passivity is, “*Your* feelings, thoughts, and beliefs are important, but *my* feelings, thoughts, and beliefs are unimportant and inconsequential.” Acting in a passive or nonassertive way may help you avoid the negative consequences associated with aggression, but it may also ultimately lead to negative personal consequences, such as diminished self-esteem, and prevent you from having your needs satisfied.

Some people express hostility with *passive-aggressive* behavior. The term passive-aggressive was first used in the 1940s. But these days, the term broadly refers to any situation where demands are made on a person and the demands are seen as unfair or unreasonable or as interfering with one’s life (Pretzer & Beck, 1996). Some people have problems following rules and dealing with authority figures, such as teachers, police officers, and physicians. People who are passive-aggressive may often feel that others are trying to control them or are on a “power trip.” Rather than comply with others’ demands or express their opinions and feelings directly, they may feel irritable and openly refuse to do what is expected of them. When given a task to perform, such as taking a friend to a doctor’s appointment, the passive-aggressive person may arrive late or not show up at all, pretending that he or she forgot. In some cases, a passive-aggressive person may

express hostility by screwing things up for people they resent (Hopwood & Wright, 2012).

Rather than behave in a passive-aggressive way, it may be useful to express your opinions and feelings to the people who are making demands of you. People who display passive-aggressive behavior tend to believe that the demands are unreasonable. If you express the opinion that you see the demand as unreasonable in an assertive rather than a passive-aggressive way, others may understand your perspective, and you may be able to reach a compromise.



Different Ways to Express your Opinions in English. (21 February 2018). [digital]. Retrieved from: <https://learntalk.org/en/blog/different-ways-to-express-your-opinions-in-english>

From an anger management perspective, the best way to deal with a person who has treated you unfairly is to act assertively. Acting assertively involves standing up for yourself in a way that is respectful of other people. The basic message of assertiveness is, "My feelings, thoughts, and beliefs are important, and your feelings, thoughts, and beliefs are equally important." By acting assertively, you can express your feelings, thoughts, and beliefs to the person who was unfair to you without suffering the negative consequences associated with aggression or the devaluation of your feelings, which is associated with passivity or nonassertion.

It is important to emphasize that assertive, aggressive, passive, and passive-aggressive responses are learned behaviors; they are not innate, unchangeable traits. Using the Conflict Resolution Model, you can learn to develop assertive responses that allow you to manage interpersonal conflicts in a more effective way.

In summary, aggression involves expressing feelings, thoughts, and beliefs in a harmful and disrespectful way. Passivity or nonassertiveness involves failing to express feelings, thoughts, and beliefs or expressing them in an apologetic manner that others can easily disregard.

Assertiveness involves standing up for your rights and expressing feelings, thoughts, and beliefs in direct, honest, and appropriate ways that do not violate the rights of others or show disrespect.

It is helpful to think of real-life situations to help you understand what is meant by assertiveness. Suppose you have been attending an Alcoholics Anonymous meeting several times a week with a friend. Suppose you have been driving your friend to these meetings for several weeks. In the last few days, however, he has not been ready when you have come to pick him up. His tardiness has resulted in both of you being late for meetings. Because you value being on time, your friend's actions bother you a great deal. Consider the different ways you might act in this situation. You can behave in an aggressive manner by yelling at your friend for being late and refusing to pick him up in the future. The disadvantage of this response is that he may no longer want to continue the friendship. Another response would be to act passively, or in a nonassertive fashion, by ignoring the problem and not expressing how you feel. The disadvantage of this response is that the problem will most likely continue and that this will inevitably lead to feelings of resentment toward your friend. Again, from an anger management perspective, the best way to deal with this problem is to act assertively by expressing your feelings, thoughts, and beliefs in a direct and honest manner, while respecting the rights of your friend.

Let's consider a slightly different situation. Suppose your supervisor at work expects you to spend part of your lunch hour getting coffee and donuts for the

office staff. You may feel that she is making an unreasonable demand. Passive-aggressive behavior would be not getting the coffee and donuts and, when confronted by your supervisor, pretending that you forgot. But passive-aggressive behavior has negative consequences. Your passivity (purposely not getting coffee and donuts) in this case is a form of aggression because your intention was to thwart your supervisor's demands. If it happens over and over again, she might note your inability to remember assignments on your performance review, which might keep you from getting a raise. It's better to openly discuss the matter. For example, if you were to tell your supervisor that the task cuts into your lunch hour and that you think it's unfair, she may let you leave for lunch early.

Conflict Resolution Model

One method of acting assertively is to use the Conflict Resolution Model, which involves five steps that can easily be memorized. This model gives you a structure for solving problems. The first step involves *identifying the problem* that is causing the conflict. It is important to be specific when identifying the problem. In the first example, the problem causing the conflict is that your friend is late. The second step involves *identifying the feelings* associated with the conflict. In this same example, you may feel annoyance or frustration or like you are being taken for granted. The third step involves *identifying the specific impact* of the problem that is causing the conflict. In this example, the impact or outcome is that you are late for the meeting. The fourth step involves **deciding whether to resolve the conflict or let it go**. This may best be phrased by the questions, "Is the conflict important enough to bring up? If I do not try to resolve this issue, will it lead to feelings of anger and resentment?" If you decide that the conflict is important enough, then the fifth step is necessary. The fifth step is *addressing and resolving the conflict*. This involves asking the friend to schedule time with you to discuss the problem. Agreeing to a time to discuss the problem is important because you might bring up the conflict when the other person does not have the time to address it or when he may be preoccupied with another issue. Once you have agreed on a time to talk with the person, you can describe the conflict, your feelings, and the impact of the conflict and ask for a resolution.

For example, the interaction may sound like this:

Joe: Hey, Frank, sorry I'm late.

Frank: Hi, Joe. Can I talk to you about that?

Joe: Sure. Is something wrong?

Frank: Joe, I've noticed you've been late for the last few days when I've come to pick you up. Today, I realized that I was starting to feel frustrated and a bit taken for granted.

When you are late, we are both late for the meeting, which makes me uncomfortable. I like to be on time. I'm wondering if you can make an effort to be on time in the future.

Joe: Frank, I didn't realize how bothered you were about that. I apologize for being late, and I will be on time in the future. I'm glad you brought this problem up to me.

Of course, this is an idealized version of an outcome that may be achieved with the Conflict Resolution Model. Joe could have responded unfavorably or defensively, by accusing Frank of making a big deal out of nothing or by minimizing and discounting Frank's feelings, leaving the conflict unresolved.

The Conflict Resolution Model is useful even when conflicts are not resolved. Many times, you will feel better about trying to resolve a conflict in an assertive manner rather than acting passively or aggressively. Specifically, you may feel that you have done all that you could do to resolve the conflict. In this example, if Frank decided not to give Joe a ride in the future, or if Frank decided to end his friendship with Joe, he could do so knowing that he first tried to resolve the conflict in an assertive manner.

Exhibit 8. The Conflict Resolution Model

1. Identify the problem that is causing the conflict.
2. Identify the feelings that are associated with the conflict.
3. Identify the impact of the problem that is causing the conflict.
4. Decide whether to resolve the conflict.
5. Work for resolution of the conflict.
 - How would you like the problem to be resolved?
 - Is a compromise needed?

We are now going to practice using the Conflict Resolution Model by roleplaying. *(Be careful not to push group members into a roleplay situation if they are not comfortable about it or ready. Exercise your clinical judgment.)*

The following are some topics for roleplays:

- Dealing with a rude or unhelpful salesclerk
- Dealing with someone offering you alcohol or drugs
- Dealing with a physician who will not take the time to explain how a medication works
- Dealing with a supervisor who does not listen to you
- Dealing with a counselor who repeatedly cancels your therapy/counseling sessions
- Dealing with a friend who does not respect your privacy

Between-Session Challenge

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter. Ask them to use the anger awareness record to identify the event that led to their anger, the cues associated with the anger-provoking event, any positive outcomes or negative consequences,

and the strategies that they used to manage their anger in response to the event. Ask them to review the definitions of assertiveness, aggression, and passivity. Instruct them to practice using the Conflict Resolution Model, preferably once a day during the coming week. Remind them to continue to develop their anger control plans.

ANGER AND THE FAMILY

How Past Learning Can Influence Present Behavior

Sessions 9 & 10

Instructions to Group Leaders

As with sessions 7 and 8, sessions 9 and 10 are combined because it takes more than one session to answer the questions beginning on page 46 and connect the responses to current behavior. Sessions 9 and 10 (comprising two 90-minute sessions) help group members gain a better understanding of

Outline of Sessions 9 & 10

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
 - Anger and the Family
- Between-Session Challenge

their anger with regard to the interactions they had with their parents and in the families that they grew up in (Reilly & Grusznski, 1984). The leader helps them see how these past interactions have influenced their current behavior, thoughts, feelings, and attitudes, as well as the way they now interact with others as adults.

Many people are unaware of the connection between past learning and current behavior. The leader presents several questions to group members that help them understand how their learning histories relate to current patterns of behavior. Because of the nature and content of this exercise, with its focus on family interactions, the leader must monitor and structure the exercise carefully, while providing a warm and supportive environment. If some group members have unresolved traumatic past experiences, the leader may want to adjust the depth of these conversation and ensure that extra supports are available to help them deal with their trauma. Experience has shown there is a tendency for group members to elaborate on many detailed aspects of their family backgrounds that are beyond the scope of this exercise. Family issues may bring up difficult and painful memories that could potentially trigger anxiety, depression, or relapse to drug and alcohol use. Therefore, the leader must tell group members that they are not required to address any questions that they feel would be emotionally

overwhelming to answer. If group members do become overwhelmed in the course of answering, the leader should give them a minute to compose themselves or just stop discussing the issue. The leader should encourage them to pursue these and other issues with their individual or group therapist.

Check-In Procedure

Ask group members to report their highest level of anger on the anger meter and report on their use of the anger awareness record during the week to identify the events that led to their anger, the cues that were associated with the anger-related event, and positive outcomes or negative consequences. Help them identify the cues that occurred in response to the anger-related event and help them classify these cues into the four cue categories. Ask them to report on their use of the Conflict Resolution Model and the ongoing development of their anger control plans. Provide encouraging and supportive comments for any efforts made, briefly discuss ways group members solved problems and removed barriers encountered with the between-session challenge, and encourage efforts moving forward.

Suggested Remarks

(Use the following script or put this in your own words.)

Anger and the Family

In sessions 9 and 10, you will explore how anger and other emotions were displayed by your parents and in the families in which you grew up. For many of us, the interactions we have had with our parents have strongly influenced our behaviors, thoughts, feelings, and attitudes as adults. With regard to anger and its expression, these feelings and behaviors usually were modeled for us by our parents or parental figures. The purpose of these sessions is to examine the connection between what you have learned in the past, in the families in which you grew up, and your current behavior and interactions with others now as adults. You will be asked a series of questions concerning your parents and families. This is an involved and often emotionally charged topic, so you do not have to answer

any questions that you make you uncomfortable.



Miguel, M. (30 March 2019). *Anger Counseling Can Save A Family Relationship*. [digital]. Retrieved from: <https://goodmenproject.com/featured-content/anger-counseling-can-save-a-family-relationship-bh/>

Also, because there is a natural tendency to want to elaborate on family issues because of their emotional content, please focus on answering the specific questions:

1. Describe your family. Did you live with both parents? Did you have any brothers and sisters? Where did you grow up?
2. How was anger expressed in your family while you were growing up? How did your father express anger? How did your mother express anger? How did your siblings express their anger? *(Use open-ended questions to explore. Reflect what is being shared. Consider summarizing answers, thanking members for sharing, and identifying statements that reinforce motivation for behavior change.)*
3. How were other emotions such as happiness and sadness expressed in

your family? Were warm emotions expressed frequently, or was emotional expression restricted to feelings of anger and frustration? Were pleasant emotions expressed at birthdays or holidays?

4. How were you disciplined and by whom? Did this discipline involve being spanked or hit with belts, switches, or paddles? *(An assumption of anger management treatment is that no form of physical discipline is beneficial to a child. Empirical studies have shown that nonphysical forms of discipline are very effective in shaping childhood behavior [Barkley, 1997; Ducharme, Atkinson, & Poulton, 2000; Webster-Stratton & Hammond, 1997]).*
5. What role did you take in your family? For example, were you the hero, the rescuer, the victim, or the scapegoat?
6. What did you learn from your father and siblings about how men should act in a family? What did you learn about how men are supposed to act in society? What did you learn from your mother about how women should act in a family? What did you learn about how women are supposed to act in society? *(Many of the messages group members have received differ from messages that are socially appropriate today. Point out the changing roles of men and women.)*
7. What behaviors, thoughts, feelings, and attitudes carry over into your relationships as adults today? Identify both positive and negative behaviors, thoughts, feelings, and attitudes. What purpose do these behaviors serve? What would happen if you gave up the negative behaviors? *(Help group members see the connection between past social learning and their current behavior.)*

Between-Session Challenge

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter. Ask them to use the anger awareness record to identify the event that led to their anger, the cues associated with the anger-provoking event, any positive outcomes or negative consequences, and the strategies that they used to manage their anger in response to the event. Remind them to continue to develop their anger control plans.

CLOSING AND GRADUATION

Closing Exercise and Awarding of Certificates

Session 12

Instructions to Group Leaders

In the final session, group members review their anger control plans, rate the treatment components for their usefulness and familiarity, and complete a closing exercise. The leader reviews each anger control plan to balance cognitive, behavioral, immediate, and preventive strategies and gives corrective

feedback if necessary. All group members should be congratulated for completing the anger management treatment, and each receives a certificate of completion (see sample on page 52).

Outline of Session 12

- Instructions to Group Leaders
- Suggested Remarks

Suggested Remarks

(Use the following script or put it in your own words.)

1. What have you learned about anger management?
2. List anger management strategies in your anger control plan. How can you use these strategies to better manage your anger?
3. In what ways can you continue to improve your anger management skills? Are there specific areas that need improvement?

CONGRATULATIONS

[NAME]

In Recognition of Completing the Anger Management Group in the
Substance Abuse Outpatient Clinic

[ADD NAME OF CLINIC]

[DATE]

[NAME], Chief, Substance Abuse Clinic

[NAME OF COUNSELOR]

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PART 2

Chapter 1: Introduction

Source: American Psychological Association. (n.d.). *Controlling anger before it controls you*. Retrieved from <http://www.apa.org/topics/anger/control.aspx>

We all know what anger is, and we've all felt it: whether as a fleeting annoyance or as full-fledged rage. Anger is a completely normal, healthy, human emotion. But when it gets uncontrollable and turns destructive, it can lead to problems at work, relationships, and the quality of your life. And it can make you feel as though you are at the disposal of a powerful and volatile emotion.

A. What is Anger?



Keltner, D. (22 June 2018). *Feeling Angry? Try This*. [digital]. Retrieved from: <https://www.mindful.org/feeling-angry-try-this/>

The Nature of Anger

According to the psychologist, Charles Spielberger, Ph.D., **anger** is "an emotional state that varies in intensity from mild irritation to intense fury and rage,". Like other human emotions, it is accompanied by biological and physiological changes. Whenever you get angry, your heart rate and blood pressure shoot up as well as your energy hormones such as adrenaline, and noradrenaline (as cited by American Psychological Association n.d.).

Moreover, anger can be caused by both external and internal factors. You could be triggered by a specific person, an event in your daily life, worry, memories of traumatic or enraging events.

Expressing Anger

The natural way of expressing anger is aggression. Anger is a natural, adaptive response to threats; it inspires, powerful and oftentimes aggressive way of expressing feelings and behavior. It allows us to fight and defend ourselves whenever we are attacked. A certain level of anger is needed for us to survive in this harsh world. However, we cannot just lash out at every person or object (also known as triggers) whenever it annoys us. The terrain to which we walk through devised laws and social norms to put limits to such powerful emotion. Naturally, we have our common sense to help us control it. (American Psychological Association, n.d.)

People utilize both conscious and unconscious ways to process their anger. The three approaches are **calming, expressing, and suppressing**. Expressing your anger in an assertive yet unaggressive way is the healthiest way to express your anger. You have to learn how to express your needs, thoughts, and emotions clearly and how to meet them halfway without hurting others. Assertiveness does not necessarily mean being

demanding or pushy but rather being respectful to yourself and towards others. (American Psychological Association, n.d.)

When you suppress anger, this may be converted or redirected in other forms. This usually happens when you keep your anger down, dismiss such feelings, and focus on the positive aspect. The goal is to inhibit your anger and translate it into more constructive behavior. However, the danger in this type of response is implosion. If you do not allow an outward expression of your anger, you may implode in the long run. Unexpressed anger may cause health problems such as hypertension, high blood pressure, or depression. (American Psychological Association, n.d.)

Moreover, unexpressed anger can lead to pathological expressions of anger, such as passive-aggressive behavior or avenging yourself at people who offended you without telling them why rather than confronting them. This type of personality is perpetually cynical and hostile. A good example of this behavior is those people who are undermining others, criticizing everything, and making cynical comments. These people have not learned how to constructively express their anger. Unsurprisingly, they are also unlikely to have successful relationships. (American Psychological Association, n.d.)

B. Misconceptions about Anger

Source: Carlson, D. (2015). *Overcoming Hurt and Anger*. Eugene Oregon: Harvest House Publishers

According to Carlson (2015), an internal medicine specialist and psychiatrist, there are five most common misconceptions about anger that most people are unaware of.

Misconception #1: If you don't look, feel, or seem angry, you don't have an anger problem.

To better illustrate this idea, an actual excerpt of his interview with one of his patients will be included as follows:

Scenario 1:

“Jan is an attractive college sophomore who stood several months ago on top of the Vincent Thomas Bridge in San Pedro, California, and seriously contemplated jumping the equivalent of 18 stories to her death. Several weeks ago, she attempted suicide by taking an overdose of pills.

She sat in my office, ready for this week’s psychotherapy session. She started by telling me about an event that happened Thursday afternoon. Jan said she felt funny and confused and walked aimlessly around the campus and the adjacent shopping mall. This confusion lasted for several hours, and then she returned to her dorm and felt better. “That was it,” she said. “That’s all!”

“You mean you had this episode of aimless confusion for several hours and that’s

what was troubling you?” I asked.

“Yes”, she said.

I waited for more, but all I got was silence. I asked about further feelings or anything else that might have happened that day. Still, she came up with nothing. She had had no other feelings, and nothing unusual had happened during the 24 hours before her episode. Already 20 minutes of the session had passed, and we seemed to be making a little progress.

Eventually, I asked, “What do you normally do on Thursday afternoon around 2:30?”

She replied that she normally went to her chemistry class.

“So, you did not attend class Thursday?” I questioned.

“No” she answered. When I asked her why she didn’t seem to know.

Because I knew that Jan was very conscientious and that this was highly unusual behavior for her, I questioned her further. Eventually, I found out that in the previous chemistry class her lab partner had had trouble understanding

the instructions, so Jan tried to help by quietly explaining them. But the instructor heard the whispering and snapped, "Be quiet, Jan." Jan instantly quieted down and didn't say another word for the rest of the class.

When I asked her how she felt about the instructor's remarks, she at first denied having any reaction or feeling anything. But as I probed further and pointed out that there must have been a powerful reason why she didn't attend class, she finally was able to get in touch with a slight feeling of irritation at her lab partner and her teacher." (Carlson, 2015, pg. 1-2)

One of Jan's problems is that she is so sensitive. She was always uncomfortable with getting angry. She was taught that anger is bad. Thus, she hid such feelings from herself. This powerful feeling was repressed that it came to a point that she became numbed by it. Even when she was ready to jump off the bridge, she intimated that she felt numb. When people hurl insults at her, she doesn't feel anything. However, when there are things ought to be celebrated, she is incapable of feeling happy either.

Misconception #2: If you ignore your hurts and anger, they will go away and won't cause you any trouble later on.

Carlson (2015) also cited a work of a missionary to Thailand named, Joseph Cooke from the latter's book *Free for the Taking* :

"...squelching our feelings never pays. It's rather like plugging up a steam vent in a boiler. When the steam is stopped in one place, it will come out somewhere else. Either that or the whole business will blow up in your face. And bottled-up feelings are just the same. If you bite down your anger, for example, it often comes out in another form that is much more difficult to deal with. It changes into sullenness, self-pity, depression, or snide, cutting remarks..." (pg. 13, para. 12)

Not only may bottled-up emotions come out sideways in various unpleasant forms, but they also may build-up pressure until they simply have to burst forth. And when



Kaushal, R. (n.d.). *Your feelings have messages for you (So stop ignoring them)*. [digital]. Retrieved from: <https://tinybuddha.com/blog/your-feelings-have-messages-for-you-so-stop-ignoring-them/>

they do, someone is almost bound to get hurt... (pg. 13, para. 13)

I remember that for years and years of my...life, I worked to bring my emotions under control. Over and over again, as they cropped up, I would master them in my attempt to achieve what looked like a gracious, imperturbable Christian spirit. Eventually, I had nearly everybody fooled, even in a measure my wife. But it was all fake. I had a nice-looking outward appearance; but inside, there was almost nothing there. (pg. 13-14, para. 14)

And way underneath, almost completely beyond the reach of my conscious mind, the mass of feelings lay bottled up/ I didn't even know they were there myself, except when their pale ghosts would surface now and then in various kinds of unsanctified attitudes and reactions. But they were there nevertheless. And the time came when the whole works blew up in my face, in an emotional breakdown. (pg. 15, para. 6)

All the things that had been buried so long came out open in the open. Frankly, there was no healing, no recovery, no building a new life for me until all those feelings were sorted out, and until I learned to know them for what they were, accept them, and find some way of expressing them honestly and nondestructively.” (as cited in Carlson, 2015, pg. 14, para 16)

Furthermore, despite his noble intentions, Joseph Cooke still fell victim to this misconception that if he ignores his hurt and anger, they would disappear eventually.

Misconception #3. Just let all your feelings and anger hang out—just get them out of your system—and you will solve all of your anger problems.

Joe is a 26-year-old operator (Carlson, 2015). He doesn't have any trouble expressing himself whenever he's angry. He makes it obvious whenever he is fuming angry at those people around him. Everyone was aware of his hostility when he smashed his guitar into pieces because of a friend's criticism. His son was also well aware of his anger at him because Joe drove over the back wheel of his son's bike when the latter left it on the driveway. His wife also knew whenever his fuming mad because he tends to break things. (para. 18)

Joe was applying the 1970s theory which believed that if you just let all your feelings out, you will feel better and fine. But the problem with this viewpoint is that it never really actually worked. In the long run, it will eventually destroy one's health and relationships. It did not work out for Joe. He was usually miserable and suicidal (para. 19).

Misconception # 4: It won't cost me too much emotionally to be a nice person who never gets angry at anyone.

Brenda, who is a secretary, is aware of her hurts and anger, but she never intends to express them (Carlson, 2015). She often says that she cannot bring herself to be angry at anyone for fear that no one will love her. Brenda characterizes those people who do not have the intention to hurt anyone, who never gets angry, and who seems to have a cool temperament. Individuals like Brenda are known to be friendly, well-received, and

nice people. But they pay a humungous price for being perpetually “nice”. In a few years, the physical and emotional illness will start to manifest that would affect their health, relationships, and job performance. (para. 20-21)

Misconception # 5: If I express my hurts and anger to the person I’m angry at, our relationship will suffer.

Mary, who is a bank teller, sought help because of dizziness and stomach pains. She previously had herself examined by an internist (Carlson, 2015). Unfortunately, the physician was not able to determine the cause of her ailment which was so severe that it became cumbersome for her. Upon a psychological interview, Mary did not seem to harbor any bitterness or anger from anyone she knew including her husband for 20 years. But as the therapy continued, it became apparent that she had suppressed numerous pains over the years. At first, she did not notice any relationship between her past hurts and her current condition. (para. 22)

She failed to realize that she can constructively resolve her feelings. She was afraid that if she expressed her true feelings towards her husband, he would think less of her beliefs, might leave her, or worse, might even have a cardiac arrest and die. She would only have herself to blame. (para. 23)

Dwight Carlson (2015), according to his own opinion, suggested that at least 50% of all emotional, interpersonal, and psychosomatic problems, including that which are familial and marital problems) are results of mishandled anger. Furthermore, it has been repeatedly proven that many physical ailments or chronic inflammation such as hypertension, heart attacks, or even cancer—are linked to individuals who have an anger management problem. What is more confounding is that a large percentage of these individuals do not even realize that they have problems with anger. Some may have become aware that they have been nursing past hurts for so long, but numerous individuals have no idea as to the kind of role that anger plays in their lives. (para 25)

C. Handling Anger

Most of the time, the person who thinks that he never gets angry is the same person who often has a more serious problem with anger. Thus, these are behaviors demonstrated by the aforementioned individual:

- Chronically late
- sulks, whines, or stews
- cynical, envious, or catty
- savors secret injustices
- gossips “self-righteously”
- engages in hurtful humor
- **sarcastic**
- makes caustic comments,
- martyr complex

Also, whenever you ask the said person if he has problems with anger, he will smile innocently and say he or she never gets angry. The dilemma is that this person does not see these things as symptoms of underlying anger problems. Like most of us, we think of a person who has anger management problems as someone who constantly yells at his kids and kicks his dogs. But more often than not, people who silently suffer in stoic silence are the ones who have an anger management problem. They are the ones who bury anger or express it in various camouflaged forms such as being bitter, cynical, and envious. Oftentimes, they fail to recognize the aforementioned indicators. They recognize anger as a little inner pang when a friend makes a constructively-phrased insult amid a conversation. They even fail to recognize that a slight tinge of bitterness for being unappreciated by their family. (Carlson, 2015)

Furthermore, many people who are unable to detect anger in their lives do sense that they were repeatedly offended in the past and many of these hurts have not been

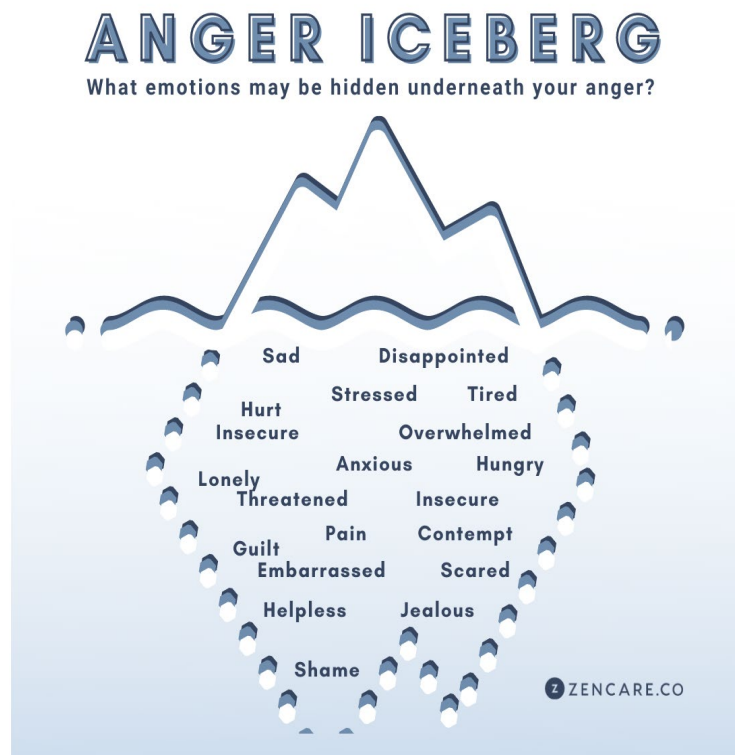
processed. If you usually sense pain rather than anger, perhaps it would be better if you substitute the *hurt* word with *anger*. (Carlson, 2015)

Distrust and denial of our emotions are the root causes of the numerous misconceptions about anger. This can be illustrated through the following scenarios made by the author:

“My first car was plagued with a multitude of problems, including overheating. In those days the temperature gauge was an actual needle that would slowly rise higher and higher. My anxiety level would have a parallel response, and I’d nervously sweat out the miles to my destination, or at least to the nearest gas station.

I could have saved myself a great deal of anguish by putting my hand over the gauge or even painting it black so I couldn’t see the needle rise. I might have saved myself a lot of anxiety. However, if I had done that, then I wouldn’t have known the

car was overheating until I saw steam pouring out from under the hood, meaning that something was seriously wrong with the car.” (Carlson, 2015, pg. 18, par. 3-4)



Zencare. (n.d.). Using the "Anger Iceberg" to Identify Your Underlying Emotions. [digital]. Retrieved from: <https://blog.zencare.co/anger-iceberg/>

Although painting over the temperature gauge seems like a preposterous idea, it is precisely what most angry people would do. They even ignore it or deny its existence until it erupts and becomes inevitable. By that time, it can already cause incalculable harm to

the person and those people around him (Carlson, 2015, para. 32).

D. Masking Anger

Carlson (2015) that when people are unaware of their anger, it often is obscured in a lot of ways. He also illustrated particular ways as to how people camouflage their anger. In the subsequent passages below, these four (4) ways will be explained through actual illustrations.

1. Righteous camouflage.

Illustration: Mark, a church leader, has this habit of wearing a big smile on his face. He greets every visitor on Sundays. He is very willing to help those who are in need. He also teaches in their church. People often talk about how understanding and kind he is. He always has the time to listen to other people's problems. Unbeknownst to them, Mark is verbally abusive. He tends to speak hurtful things towards his family. One morning, as he ushered his family into the car, the tension became more evident. He blamed his wife for being late for the church since the latter failed to get their kids ready beforehand. As they arrived at the church, Mark put on his smiling face and pretended no commotion happened a few hours ago. (Carlson, 2015, pg. 21)

Thus, this is one of the common ways people camouflage their anger. When they are with their family members or a significant other, they tend to express their anger and frustration abundantly. But when strut around under the public eye, they display the opposite behavior and that is being kind, accommodating, friendly, and so on. As cited by Carlson (2015), the book *Battered into Submission* poignantly portrays the aforementioned example as one of the most common and tragic occurrences that people simply failed to realize.

2. Peace-at-any price individual

Illustration: Mr. Jones is a 58-year-old executive who described himself as a

person who is “always capitulating and who also wanted “peace at any price” after years of yielding to the demands and pressures of his wife (Carlson, 2015). He intimated that he faked harmony with his wife. He even resented such deception. Mr. Jones more so concluded that it would take several years to out their marriage problems and added that there is no time left to make amends. (pg. 22, para 2-3)

For 20 years, Mr. Jones was unaware of what was going on with his married life. He was somewhat conscious of the unhealthy relationship that he had with his wife but made no changes in his behavior. (para. 23)

Therefore, based on the illustration, this type of individual usually takes the blame for almost everything (Carlson, 2015) He tends to be diffident and does not show any signs of anger. But the peace shown is just a pretense. In addition, this person displays psychosomatic symptoms, which will be discussed in further detail later on, as the means to dissipate the anger that he suppressed for a very long time.

3. Stamp saver

Illustration: Years ago, stores would give out stamps as a reward for purchasing items at their stores. When you file this book of stamps, it automatically allows you to cash the book in to buy some merchandise. (Carlson, 2015, pg 23, para 6)

This type of individual carefully keeps score of every annoyance, grievance, and irritation. He does not forget. When the offenses add up, he would impulsively cash it in. The last stamp might be a very minor glitch, but he empties all the stamps on the recipient, baffling the recipient or even the stamp saver himself. This outbreak will then be justified through cataloging in detail all of the past offenses made against him. (para 6.)

4. The silent approach.

This person retreats suddenly into a chilling silence when something is upsetting him. If you will try to draw out an answer from him, he denies it outright. But, he

usually made it known to everyone that he is upset. He would make grumpy remarks or close the kitchen cupboard a bit harder than usual. The people around him do not know what made him upset. Asking him about it would not even help, since he would not say anything unless he is already prepared. (Carlson, 2015, pg. 23, para 7)

5. Goody sweet

This type of person has learned to suppress his anger over the years and puts on a sweet demeanor as a façade. Her sweetness is phony and very gluey. (Carlson, 2015, pg. 24, para 8)

6. Criticism.

This type of individual is overtly critical and sarcastic. Compared to the previous forms of camouflages, his shell tends to be too thin. Oftentimes, his criticisms are backed with logical reasoning, yet behind the surface is a searing undertone of hostility, anger, and negativism. (Carlson, 2015, pg. 24, para 9)

7. Passive-aggressive attitude

Illustration: You have planned a committee meeting on a certain Thursday night, but when you checked on Bill, he says “*Oh, I’m sorry. I have another appointment that night. But, I’m free on Wednesday*”. You make adjustments and get everyone on board with your new agreement. Yet, when you call Bill again, he reasons out that a family member is coming over. Thus, a very frustrating interaction. (Carlson, 2015, pg. 24-25, para 10)

This individual’s attitude is characterized by aggressive behavior that is exhibited in passive ways such as, intentional inefficiency, obstructionism, siding the opposition, or procrastination. The passive-aggressive individual tends to be unsynchronized with the people around him. Although he may be well-mannered, he can manage to upset other people. (Carlson, 2015, pg. 24, para 10)

Chapter 2: PREVALENCE OF ANGER MANAGEMENT ISSUES IN THE UNITED STATES

The National Comorbidity Study Replication created an analyses which serves as basis in gauging the incidence of impulsive angry behavior among adults possessing or carrying firearms, with and without any demographic characteristics and specific mental disabilities. Appelbaum et al (2015) claimed in their study that majority of the individuals in the United States which equated to eight-point nine percent (8.9%) possessed firearms at home. Moreover, the other one-point five percent (1.5%) carried guns outside their homes. Both groups have self-reported patterns of impulsive behavior due to anger.

Blanco et al (2015) also reported that the inclusive prevalence of intense, inappropriate, or poorly handled anger in the United States was 7.8% which was common among men and young adults. This finding was also associated with the decrease in psychosocial functioning among the respondents. Furthermore, according to Blanco et al (2015), the following elements or factors were associated with anger namely, parenting, and the adverse events experienced during childhood and adulthood.

An article by Chang (2020) stated that CoVid-19 pandemic has heightened the predominance of anger among Americans. People were provoked because of the futility and hopelessness of the situation; their anger was directed at public officials for failing to control the seemingly indomitable virus, the wearing of mask as a new community protocol, the mandatory implementation of community lockdown which affected the livelihood of many, and so much more. Also, in the said article, Raymond W. Novaco, a professor of psychological science at Indiana University, observed that Americans are living in a humungous “anger incubator”.



Chang, E. (2020). A man holding a golf club challenges demonstrators at a protest after the death of George Floyd in Spokane, Washington. (Colin Mulvany/ The Spokesman-Review/AP). [digital image]. Retrieved from: https://www.washingtonpost.com/lifestyle/wellness/anger-control-protests-masks-coronavirus/2020/06/29/a1e882d0-b279-11ea-8758-bfd1d045525a_story.html

Moreover, Powell (2020) of the Harvard Gazette also observed the same thing. He confirmed that America is experiencing a lot of tension due to health and safety concerns brought about by the CoVid-19 virus. In his interview with David H Rosmarin, a Psychology assistant professor of Harvard Medical School-Psychiatry Department, the latter pointed out three observations that were evident during the pandemic:

- Heightened family tensions because of prior minimal interaction with each other.
- Increase in the percentage of domestic violence and abuse
- Increase indication of child mistreatment
- Parents lashing out on school boards because of the fear brought about by the Corona virus.

Rosmarin and Powell both agreed that there is a tendency for an individual to misplace his anger because of the great discomfort that went hand in hand with the pandemic. According to Rosmarin, this observation is a confirmation of the attachment theory which states that “all human beings should have a connection with others”, but humans are lately forced to be positioned at a defensive stance in order to survive and protect himself. In 2018, a survey done by Gallup (Ray, 2019) showed that despite the economic progress in the United States, more Americans were stressed, worried, and angry more than ever before. Majority of the Americans (55%) intimated that they experienced stress most of the time, 45% were worried, 22% were angered.

The data above leads to the conclusion that there should be external elements or an interplay of which to elicit the natural human reaction which is anger. As what can be observed factors such as stress, pandemic, mental disorder, and other relevant factors trigger such reaction. In addition, it is a human tendency to express anger because of pain, discomfort, or irritation.

A. IDENTIFYING ANGER ISSUES

This article is sourced from: Santos-Longhurst, A. (2019). Do I Have Anger Issues? How to Identify and Treat an Angry Outlook. Retrieved from

<https://www.healthline.com/health/anger-issues?fbclid=IwAR3bHh0XM8-UwvK1aSjnVZDhHjVTsm8LXMz46BqtLdUhh3CT11i-4A2y9eA#causes>

Definition of Anger Issues

Anger because of its natural instinctive response to threat is a necessary element for human survival (Santos-Longhurst, 2019). However, it becomes a problem when an

individual has a difficulty of controlling it which often lead to violence and abuse. A study by Cutov, M. & Staicu, M. (2010) claimed that unrestrained anger can cause negative impact on both physical and emotional well-being.

Contributors to Anger Issues

A lot of factors can cause anger to arise which includes stress, family and financial problems, underlying mental disorder, and the like. Anger is not considered a disorder but is an emotion displayed by other mental health conditions.

The following are possible factors that causes anger:

- a. **Depression can be the primary cause of anger.** Depression is characterized by prolonged feeling of sadness and disinterest that can last in weeks. Anger, on the other hand, can be a byproduct brought about by depression. An individual in this case may suppress or express his feelings of anger. The intensity of the anger that is felt may also vary for everyone. (Santos-Longhurst, 2019, para 2)

Symptoms of Depression
1. Irritability
2. Loss of energy
3. Feelings of hopelessness
4. Thoughts of suicide

- b. According to the National Institute of Mental Health (n.d.), **obsessive compulsive disorder (OCD)** is “a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and/or behaviors (*compulsions*) that he or she feels the urge to repeat over and over. For example, they may perform certain rituals, such as counting to a number or repeating a word

or phrase, because of an irrational belief that something bad will happen if they don't.”

A 2020 study of the relationship between Obsessive Compulsive Disorder and anger reported that anger and aggression play an important role in the progression and preservation of OCD. (Cludius, Jelinek, Mannsfeld, and Schimdt, 2020). In the said study, a total of 93 respondents participated wherein 48 were diagnosed with OCD and 45 were healthy individuals. They also used three mediators which are unacceptance of emotions, social desirability, and overstated sense of responsibility. These mediators were used as basis in measuring the results. Results showed that those with OCD had higher trait anger and suppression compared to the ones who were not. Among the three mediators, unacceptance of emotions and inflated sense of responsibility plays a role between OCD and anger. Furthermore, the results reported that anger and anger suppression are closely related to OCD which confirmed one of the hypotheses in the study which stated that patients who were diagnosed with obsessive compulsive disorder has a more intensified anger. However, the comorbidities of medication intake should be taken into consideration to further attest the connection between anger suppression and OCD or higher anger suppression in OCD.

c. **Alcoholism is another cause for anger and aggression.** It refers to the uncontrollable, compulsive consumption of alcohol (Thomas, n.d.). It is a contributing factor to the rise of violent crimes committed in North America. Excessive consumption of alcohol may lead to the following short and long term cognitive and psychological damage such as:

- Memory loss
- Inability to think clearly
- Blackouts

- Wernicke-Korsakoff Syndrome
- Major depressive and bipolar disorder
- Panic attacks and social phobia



Burke,D. (29 September 2018). Alcoholism. [digital image]. Retrieved from: <https://www.healthline.com/health/alcoholism/basics>

According to the American Addiction Centers (2020), alcohol dependence is linked to aggressive behavior. Beck and Heinz (2013) suggested that people who are alcohol-dependent are more prone to violence approximately 16% to 50% of the time. This is because of the transition from consciousness to cognitive deficit due to intoxication.

- d. **Attention deficit hyperactivity disorder** is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the

result will be), or be overly active. (Center for Disease Control and Prevention, n.d.)

Scientists are studying cause(s) and risk factors in an effort to find better ways to manage and reduce the chances of a person having ADHD. The cause(s) and risk factors for ADHD are unknown, but current research shows that genetics plays an important role. Recent studies of twins link genes with ADHD.

In addition to genetics, scientists are studying other possible causes and risk factors including:

- Brain injury
- Exposure to environmental (e.g., lead) during pregnancy or at a young age
- Alcohol and tobacco use during pregnancy
- Premature delivery
- Low birth weight

Sinfield (2020) explained the link between ADHD and anger through emphasizing that because ADHD is a neurodevelopmental disorder, the individual becomes too “thin-skinned” or too sensitive which lead to episodes of temperament issues, aggression, impatience, and anger in itself whenever triggered.

- e. **Oppositional defiant disorder or ODD** is a behavioral disorder that mostly affects children at their school age. With this type of disorder, there is continuous pattern of defiance among children towards authority that interferes with their daily functioning (American Academy of Child and Adolescent Psychiatry, January 2019).

SYMPTOMS OF ODD

- Frequent tantrums
- Excessive arguing with those who are in authority
- Questions rules most of the time
- Defiance or refusal to grant requests from adults

- Deliberate attempts to upset people
- Blaming others for everything that he does including his mistakes or wrong behaviors
- Touchy feely or easily annoyed
- Frequent anger and resentment
- Talks mean things towards others
- Spiteful and revengeful

f. **Bipolar disorder** is a condition that includes episodes of disabling depression and periods of uncontrollable energy. It is common for all of us to have some changes in mood; Bipolar Disorder however is a brain disorder that includes extreme depression and periods of mania. Symptoms of the disease can vary, but it is important to know that this disorder can be treated with mood stabilizing medication as a foundation. Psychotherapy is often an important component of full recovery and ability to manage the illness over time (Substance Abuse and Mental Health Services Administration, 2019).

SYMPTOMS OF BIPOLAR DISORDER

- Feeling hopeless, sad, or empty
- Irritability
- Inability to experience pleasure
- Fatigue or loss of energy
- Physical and mental sluggishness
- Appetite or weight changes
- Sleep problems
- Concentration and memory problems
- Feelings of worthlessness or guilt

- Thoughts of death or suicide

(*helpguide.org, n.d.*)

g. Intermittent explosive disorder is one of the least known psychiatric disorder that is characterized by outbursts of uncontrollable anger. It is sometimes referred to as moving into a rage for no apparent cause. Individuals who are diagnosed with this kind of disorder tends to explode disproportionately to a particular situation. (Cleveland Clinic, n.d.)

People who has Intermittent explosive disorder tends to have the following symptoms:

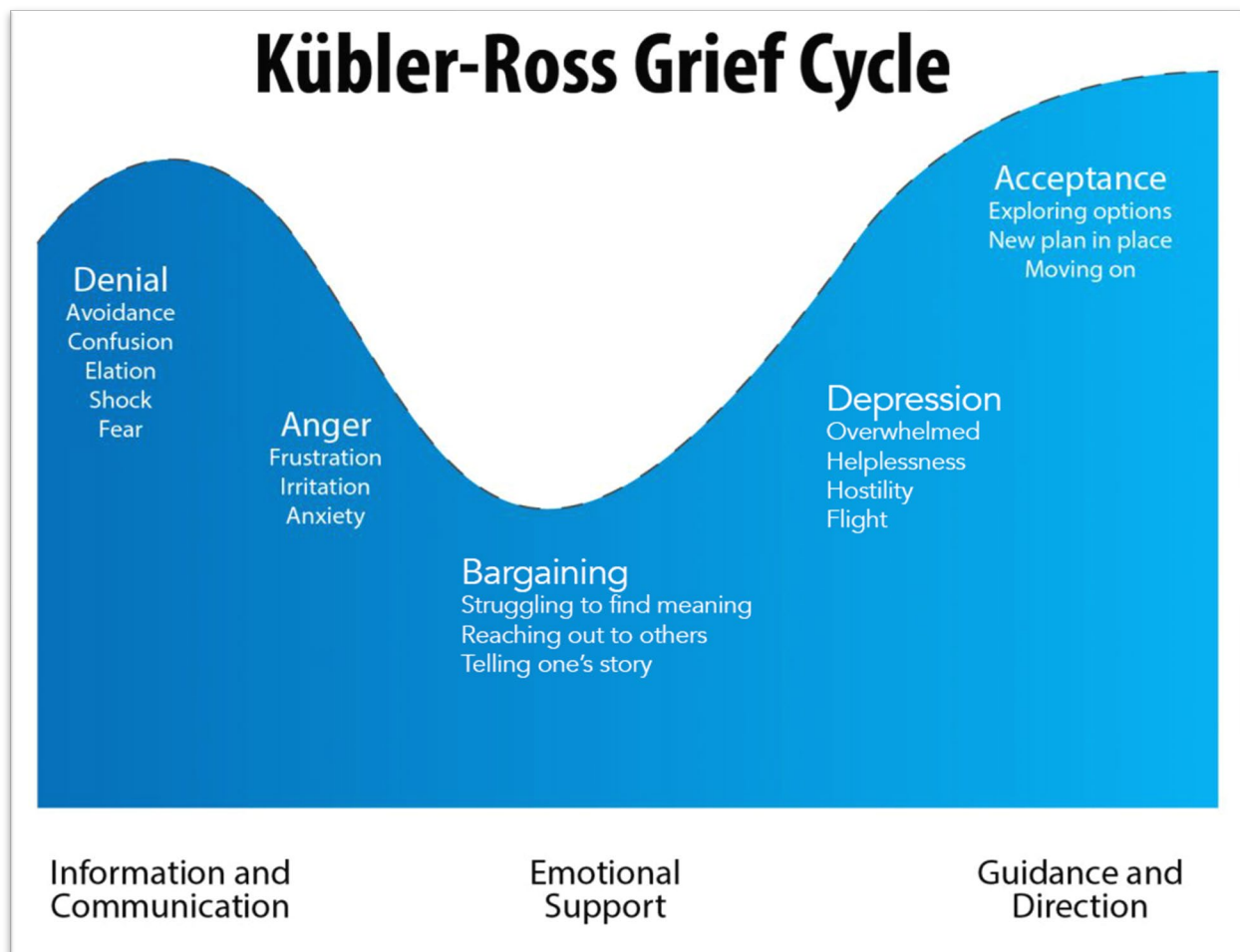
- Tantrums
- Rage and irritability
- Palpatations and tremors
- Tendency to shout
- Argumentative
- Racy
- Tendency to threaten people
- Tendency to get into brawls
- Destructive
- Aggressive

(*Cleveland Clinic, n.d.*)

h. Grief, according to the American Psychological Association (n.d.), is the agony felt following a significant loss such as the death of a loved one or even substance abuse (Gregory, 2021). However, it should be noted that bereavement and grieving are oftentimes distinguished from grieved. Symptoms such as physical discomfort,

separation anxiety, perplexity, obsession about the past, and fear of the unknown are commonly felt by people who are grieving.

Many mental health experts have dedicated years diligently studying the process of grieving and how each individual's process and cope with it (Casabianca, 2021). Among those experts is Elisabeth Kübler-Ross, a Swiss-American psychiatrist, who developed the **Kübler-Ross model**. This model pointed out that there are five stages of grieving which includes denial, anger, bargaining, depression, and acceptance. (Casabianca, 2021, para 2)



psycom.net (n.d.)

Grief and anger

Pain takes many forms and according to Kübler-Ross, loss-related pain is often articulated or mishandled into rage. It is not uncommon to feel extremely angry. Such rage has a justification as to why it exists. However, rage can be daunting to certain people because it is an isolated or rejected emotions in many cultures. It is highly probable that most individuals tend to avoid it than confront the said emotion. As an individual go through anguish, questions such as “*Why me?*” or “*What did I do to deserve this?*” oftentimes surfaced. With these questions being left unanswered, the said individual becomes more enraged and redirects his emotions through inanimate objects, people or even at life. (Casabianca, 2021, para 8-9)

According to a study from Harvard Medical School, nearly 85of teenagers have anger management problems that would qualify them to be diagnosed with intermittent explosive disorder. Anger management problems are not limited to a certain age group but whether such an individual is experiencing signs, symptoms or triggers of the said condition. (PsychGuides.com, n.d.)

<i>Types of Anger Disorders</i>	
<i>Chronic anger</i>	<i>-prolonged</i> <i>-can affect the immune system</i> <i>-can cause mental disorders</i>
<i>Passive anger</i>	<i>-difficult to identify</i>
<i>Overwhelmed anger</i>	<i>-caused by the demands of life which becomes difficult for the individual to cope up with</i>
<i>Self-inflicted anger</i>	<i>-directed towards self</i> <i>-caused by feelings of guilt or remorse</i>

<i>Judgmental anger</i>	-directed toward others -comes with feelings of resentment
Volatile anger	-spontaneous outbursts of excessive or violent anger

PsychGuides.com (n.d.)

Passive and Aggressive Anger at a closer look

It is highly unlikely that individuals experiencing passive anger realized that they are already angry. Sarcasm, apathy, or spitefulness tends to manifest with this type of anger. Moreover, a person tends to display self-defeating behaviors such as skipping school or work, isolating one’s self from friends or family, or underperforming in either professional or social circumstances. People surrounding the individual may think that he is deliberately sabotaging himself when the reality is, he is unaware of it and if he does, he will not be able to justify the said behavior. Lastly, since passive anger is suppressed and difficult to recognize, it is only through counseling that emotions or issues can be identified and shed light on.

Meanwhile, people who tend to become aggressors whenever they are angry are usually aware of their feelings but they fail to recognize the root cause of their frustration. They failed to identify the trigger. Since coping with the real issue is a complicated task, they often channel their hostility to scapegoats. Aggressive anger may be expressed either through retaliation or emotional volatility which can harm people or damage properties. To cope with this type of anger, one must be able to identify the trigger and deal with it in a positive way.

Causes of Anger
<ul style="list-style-type: none"> • A person’s environment (known to be the leading cause)

- Stress
- Financial issues
- Abuse
- Poor social and family situations
- Overwhelming demand for time and energy

Other causes:

- Alcoholism
- Individuals who were raised by parents who has the same disorder
- Genetics and other body chemicals/hormones
- Inability of the brain to react normally to serotonin

Signs of Anger Management Problem

Emotional Symptoms

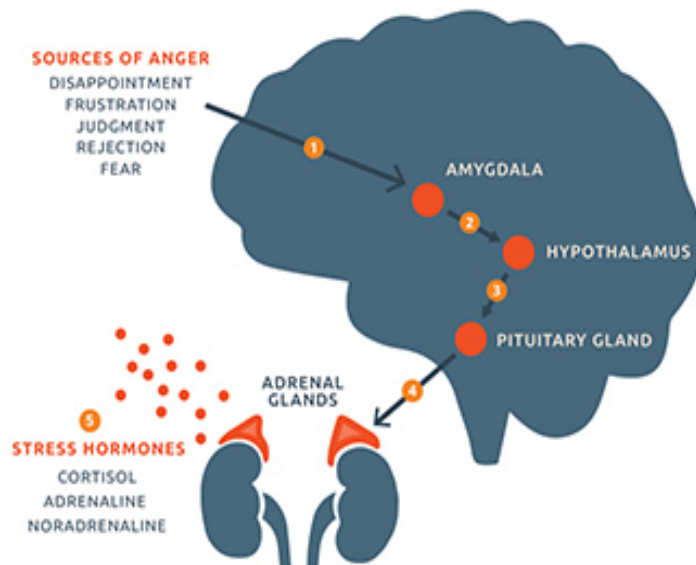
- Constant irritability
- Rage
- Anxiety
- Overwhelmed
- Difficulty organizing his thoughts
- Fantasy of hurting one's self or someone else

Physical symptoms

- Tingling
- Heart palpitations or tightening of the chest
- Increased blood pressure
- Headaches
- Pressure in the head or sinus cavities
- Fatigue

Health Risks Related to Anger

Anger problems that go unresolved can lead to a series of long-term health problems. One of which is anxiety which may show symptoms such as dizziness, rapid breathing, nausea, muscle pain and tension, and headaches and concentration and memory problems. This impedes the productivity of the person affected by unresolved anger which can further lead to



National Institute for Clinical Application of Behavioral Medicine. (n.d.) How Anger Affects the Brain and Body. [digital]. Retrieved from: <https://www.nicabm.com/how-anger-affects-the-brain-and-body-infographic/>

frustration. This may also lead to risks in physical, emotional and mental health such as stroke, memory loss, chronic sleep disorders, and relationship conflicts. (PsychGuides.com, n.d.)

According to the Cambridge Dictionary, hostility is a condition in which someone is unfriendly or dislikes something. Anger is closely related to this word and both of them are relative to a flow of energy that can be harmful to one's self. Many studies have linked hostility or anger, either as a single disorder or as an element of a complex psychological factors to a variety of chronic health problems such as chronic kidney disease, hypertension, diabetes, coronary heart disease, atrial fibrillation, chronic heart failure, chronic pain, headaches, arthritis, and chronic constipation. (Majnarić, 2018, para 3)



Bika, N. (n.d.) Horrible Workplaces: The signs of hostile work environment and what to do about it. [digital]. Retrieved from: <https://resources.workable.com/stories-and-insights/hostile-work-environment-signs-fixes>

Negative emotions, which involves elements of hostility/anger, anger suppression, or aggression were found to influence the initiation, actual process, and outcome of rehabilitation. These emotions have also been linked to the progression and prediction of negative results of long-term health problems. (Majnarić, 2018, para 4)

Moreover, anger or hostility is the most studied affective reaction since it is considered as a mediator in connecting psychosocial and pathophysiological factors underlying chronic somatic illnesses especially cardiovascular diseases or CVD. Evidence also reported

that anger/hostility tends to amplify maladaptive stress response which leads to a changed physiological function such as reduced heart rate variability, increased platelet aggregation, increased inflammation level, dysfunction in the immune system, arrhythmias, and changes in the blood vessels and metabolism that is relative to the development of cardiovascular risk factors. (Majnarić, 2018, para 5)

According to a new research published by the American Psychological Association, anger could be more detrimental among older people's physical health than sadness. They also reported that anger could also potentially increase the level of inflammation that is associated with chronic diseases such as cardiovascular diseases, cancer, and arthritis. (American Psychological Association, 2019).

Barlow and her co-authors compared whether anger and depression affect the human body's immune response to potential threats like infection or tissue damage. In general, inflammation protects the body from foreign bodies and aids in healing. However, if it metamorphosed into long-term inflammation, this will lead to chronic diseases in old age. The researchers obtained and analyzed data from 226 Montreal-based seniors with ages ranging from 59 to 93 years old. Respondents were categorized into two age groups with 59 to 79 as "early old age" and 80 years old and above as "advanced" old age. (American Psychological Association, 2019, para 3-4).

Over one week, respondents were asked to complete a questionnaire about how angry or sad they were, personally interviewed if they had age-related chronic diseases, and have their blood samples measured for inflammation. Carsten Wrosch, one of the co-authors claimed that being angry on a daily basis was relative to increased levels of inflammation and chronic diseases among the advanced old age group (80 y.o. and above). (American Psychological Association, 2019, para 5).

Yale researchers also examined the impact of anger and stress on diastolic function in patients with heart failure and low ejection fraction. Diastolic function is the ability of the heart to relax and refill during muscle contractions at specific intervals. It is also a predictor of mortality risk. Similarly setup with the above-mentioned study, respondents were also asked to complete a questionnaire about the stress, anger, and other negative emotions that they felt in the course of 24 hours. Afterwards, they were asked to complete a standardized mental stress protocol wherein they would solve a set of difficult arithmetic problems and describe how stressful the experience was. They utilized electrocardiograms to determine diastolic activity at rest and during the task. (Yale University, 2020 August 12 para 3).

According to the researchers, patients who reported feeling angry a week preceding to the laboratory mental stress test had a higher baseline resting diastolic pressure. Moreover, majority of the patients showed stress-induced changes in diastolic function, such as lower early relaxation rate and higher diastolic pressure rate. (Yale University, 2020 August 12, para 4).

Kristie Harris, a Yale postdoctoral associate in cardiovascular medicine and lead research author, declared that they had an evidence supporting their claims that those patients who experienced critically elevated stress levels have more burdensome disease course, with lower quality life and an increase of adverse events. She also added that clearly delineating the significance of both the behavioral and physiological pathways is highly important especially during the CoVID-19 pandemic wherein the typical stressors of heart failure may be exacerbated by pandemic-related stressors. (Yale University, 2020 August 12, para 6).

Whether or not a person has diabetes, low blood sugar can have an impact on a person's mood. Diabetic patients may struggle to manage their mood swings, as well as the

general rage and frustration that comes with having a chronic disease. It's a lot to deal with, and having to face diabetes daily can somehow be upsetting. Unmanaged diabetes is characterized by unstable blood sugar levels. It could considerably contribute to mood swings and lead to unpredictable behavior or even aggression. Diabetic rage, as how it is referred to, could be dangerous as it also involves behaviors that the patient may not be consciously aware of. The instability of blood sugar levels can cause sudden surge or change of feelings of rage, anxiety or depression. Also, hypoglycemia and hyperglycemia can cause confusion, cognitive impairment, loss of self-control, and hallucinations. These situations should be treated as a medical emergency. (Manzella, 1 October 2020)

It should be noted, that although these literatures serves as an evidentiary support pertaining to the relationship between anger and other chronic diseases, researchers and experts are still in the progress of creating a standardized test or measurement to further establish the foundations of this particular study.

Anger Medication Options

Counseling, group therapy sessions and anger management classes as treatment options for anger disorders are highly recommended by medical professionals to diagnose anger management issues. In some cases, medication may be helpful in controlling emotions and chemical reactions in the body that lead to uncontrollable anger.

Anger Drugs: Possible Options

MEDICATION	PURPOSE	SIDE EFFECTS
Prozac	Antidepressants	Renal-lated side effects, nausea, Increased thirst,
Benzodiazepines, Klonopin	Anxiety	changes in thought patterns, fatigue,

Lithium and other medications	Mood stabilizer	dizziness, tremors, fever, addiction
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Anti-Anger Drug and Alcohol Addiction Diagnosis, Dependence and Withdrawal

It is critical to determine whether your anti-anger medication could be potentially addictive. Addiction to the drug is determined by your personality, the chemical makeup of your body, and the drug itself. Discuss the risks of drug dependence and withdrawal with your healthcare provider, and make sure to strictly adhere to dosage instructions. If you experience side effects like finding yourself wanting more of the medication or unable to stop taking it, contact your doctor right away. Always adhere to dosage instructions to reduce the possibility of medication overdose. If you have any health problems while taking the medication, notify your doctor immediately because physical symptoms could indicate that your dose is too high.

Addictions to drugs and alcohol can impair your ability to deal with anger. It is critical to seek treatment options that address both emotional and physical issues associated with your disorder. A treatment program that addresses anger without addressing addiction leaves you vulnerable to future emotional issues. Similarly, attending a group to discuss your addiction without mentioning your anger issues increases the likelihood that you will use drugs or alcohol to deal with emotional pain in the future.

Chapter 3: ANGER MANAGEMENT TECHNIQUES AND THERAPY

A. Coping with Anger

Source: Substance Abuse and Mental Health Services. (Updated: April 17, 2020). Coping with Anger. Retrieved from <https://www.samhsa.gov/dtac/disaster-survivors/coping-anger-after-disaster>

Many people experience anger after a disaster. They may feel angry about the damage the disaster has caused, changes to their short- or long-term plans, the long recovery process, financial worries and problems, and their



reactions to the disaster that are hard to deal with. Survivors of disasters may feel angry at individuals and organizations they consider to be partly (or entirely, in an incident of mass violence or terrorist attack) responsible for the disaster.

Anger is something people in all societies around the world experience. When people get angry, they may experience these changes:

- Their heart may beat faster.
- Their blood pressure may increase.
- **Their muscles may tighten.**
- They may release adrenaline, which gives them energy.
- They may breathe faster or not as deeply.
- They may experience digestive issues.
- They may have difficulty sleeping.

Anger has many benefits, including helping people identify and begin to address problems in their lives and giving them the energy to react to threats. It also has its downfalls. It has been linked to heart disease, high blood pressure, trouble sleeping, problems with digestion, headaches, depression, and anxiety. Anger may lead people to engage in behavior that involves risk, such as the use of alcohol and other substances.

Tips for Calming Yourself

Many people find they anger more easily than usual following a disaster or other trauma. The following sections describe ways for you to manage and talk with others about your anger.

Self-management. Pay attention to cues that you are getting very angry, and when you notice them, take a break. You may want to count to 10, take a quick walk, or try some of the relaxation techniques listed below.

Assertive Communication. If you are angry with a person, it may make sense to talk with him or her directly about it when your anger is at a manageable level to do this. When you're ready, try to use "I" statements and avoid the words "always," "never," and "should."

Problem-solving Approach. If you find you are often becoming angry in a specific situation, you may want to consider ways you can change the situation. If changes are not possible, it may help to focus on areas of life you can control.

Forgiveness. Use forgiveness as you can and as it makes sense. Forgiveness may take time, but if you can experience it, it may enhance your relationship with the person you forgive.

Tips for Boosting Resilience

Connection to Community

Finding ways to connect with the people around you may help you get through your anger. You can connect with your community in several ways, including:

- Talking to someone you trust about your anger.
- Seeking out a support group through community centers or disaster recovery programs.
- Continuing to participate in groups and connecting with your community in ways that don't have anything to do with the disaster.

Harnessing Anger for Disaster Recovery

The energy of anger and other feelings you experience after a disaster may help you get community activities back up and running, contribute to cleanup efforts, volunteer in other ways to help your community as it recovers, and eventually help develop memorials and plan and run anniversary events.

Relaxation Techniques

These techniques can lower your overall stress level, which in turn can help you manage your anger and use it in productive ways. Try the following techniques to help you relax:

- Deep breathing. Try to breathe from your abdominal area instead of from your chest.
- Visualization. Imagine that you are in a place that is peaceful and calming to you.
- Progressive muscle relaxation. Tighten and then relax each muscle group in your body.
- Gentle stretching, yoga, or tai chi.

Habits of Health

It may be hard to keep up with healthy habits after a disaster when your access to resources may be limited, and you may not be living at home. Do your best, and give yourself credit for all you do. Here are a few tips:

- Be physically active.
- Get enough sleep.
- Eat healthily.
- Avoid drugs and alcohol.

When To Seek Professional Support

People can experience anger at any time throughout their lives, no matter their stress level. In the first 2 to 4 weeks after a disaster, you may notice more anger in yourself.

Some signs that you may need professional support include the following:

- Your anger seems out of control.
- You do things because of your anger that you regret.
- You have hurt yourself or people around you physically or emotionally as a result of your anger.
- Your friends and family members have said that they think you have a problem with anger, or they have spent less time with you because of things that happened when you were angry.
- Your anger lasts longer than one month.
- You have arguments with coworkers.
- You are no longer welcome in certain businesses because of past behavior there.
- You have caused property damage when you were angry, or you have thought about causing property damage when you were angry.

B. EFFECTIVITY OF COGNITIVE BEHAVIORAL THERAPY FOR ANGER MANAGEMENT

Source: Association for Behavioral and Cognitive Therapies. (n.d). Anger.

Retrieved from: https://www.abct.org/Information/?m=mInformation&fa=fs_ANGER

Anger

In response to being criticized or ignored, or when overwhelmed with daily hassles, people can feel irritated, annoyed, or angry. This is a normal reaction. In fact, when anger is experienced and expressed appropriately, it can lead to healthy coping and constructive change. On the other hand, frequent, intense, and enduring anger can be quite harmful.



Anger is not limited to shouting and yelling. Angry individuals may become intimidating and aggressive. They may hurt themselves, others, or property. Also, some individuals feel bad about their anger, and that can lead to guilty reactions. Uncontrolled and excessive anger causes problems in all areas of life. It can result in relationship problems with friends, family, or coworkers. Extreme anger may lead to problems with the law. But

not all angry people show it. Angry individuals may not show their anger outwardly. Rather, it remains inside and they harbor fantasies of “getting even.”

There are many reactions to anger. Some reactions to anger are immediate. For example, people are likely to avoid angry individuals since it is unpleasant to be the recipient of anger. Angry individuals may themselves suffer from headaches, stomach problems, and so on. Other consequences of anger may emerge over the longer term. Angry individuals who keep it bottled up may withdraw, sulk, and brood. They may experience anguish and inner turmoil. They tend to develop lower self-esteem, more anxiety, and more alcohol and drug abuse than people who are less angry. Uncontrolled anger may eventually lead to heart disease, elevated blood pressure, and cancer, as well as to relationship and work problems.

Anger Treatment

Counseling or psychotherapy can help you (or others in your life) deal with an anger problem. In seeking therapy, you may wish to consider several general issues. First, realize that anger is a common and sometimes normal human emotion. It is sometimes appropriate to be angry. But, when anger is exaggerated, uncontrolled, or linked with dysfunctional behavior, it becomes a problem that can affect all areas of life.

Second, note that angry behavior patterns are habits that are developed, repeated, and reinforced over a lifetime. Fortunately, these habits can be changed. Much anger is an automatic emotional response and, with practice, it can be reduced. Thus, it is important to ask prospective therapists how techniques for anger management will be learned and practiced. Third, if you have concerns regarding the confidentiality of treatment, discuss these issues with your therapist. Since laws vary from state to state, your therapist would be in the best position to explain the doctor-patient privilege. You should be aware that therapists, to prevent harm, may warn a potential victim of aggression if a client intends to hurt someone. This is a normal professional procedure.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- a. **A way of acting:** like smoking less or being more outgoing;
- b. **A way of feeling:** like helping a person to be less scared, less depressed, or less anxious;
- c. **A way of thinking:** like learning to problem-solve or get rid of self-defeating thoughts;
- d. **A way of dealing with physical or medical problems:** like lessening back pain or helping a person stick to a doctor's suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated

with local universities or mental health facilities or who are listed on the websites of professional organizations.

Approaches to Anger Therapy

There are many different approaches a therapist may use to help an individual control anger. Some people may benefit from exploring their family backgrounds while others may be helped with medication. You should know that cognitive behavior therapy techniques have been shown to be very effective for anger reduction and often represent the treatment of choice. Not everyone, of course, will find every technique to be useful.

Therapists base the use of each technique on a careful evaluation of the client's circumstances and characteristics. Several effective cognitive behavioral techniques are outlined below:

Enhanced Personal Awareness

Angry individuals often do not have a clear sense of their anger. They don't understand where it comes from or what is happening to them when they are angry. There are many ways you can learn about the elements of anger episodes. These include detailed discussions with your therapist, role-playing of anger causing situations, and self-monitoring (making a record of) anger in day-to-day living. Whatever approach is chosen, the goal is to help you become more aware of the anger in your life, by addressing the following issues:

Where and when does the anger occur? Why does anger occur (what events or situations lead to the anger)? What kinds of memories or images trigger the anger? How do you feel when you become angry (emotionally and physically)? What are you thinking when

you are angry? How do you handle the situation that made you angry? Do you always behave the same way? If not, why not? What do others do when you become angry?

Answering such questions will help you become aware of the nature, reasons, and results of anger. The answers will also eventually help you develop a greater sense of self-worth and personal control, and the ability to use anger-management and problem-solving skills. Although enhanced personal awareness is rarely all that is needed, it is often very helpful.

Anger Disruption by Avoidance and Removal

These techniques lead to interruption of anger by removing you, mentally or physically, from the situation. For example, it might be wise to simply get up and leave a situation when anger develops. This might even be negotiated with a spouse, friend, or business associate in advance. It might be wise to delay responding by asking for time to think about angering issues or to gather additional information before responding. It might be wise to seek an alternative mode of response, such as a written or email answer, instead of an immediate spoken one. These techniques may decrease or even prevent the anger altogether.

Doing a distracting non-angry activity is also an alternative. One mother, with an anger problem, chose to plan meals and do the laundry instead of arguing and insulting her teenage daughter about homework. Other individuals may count to ten, or may provide themselves with a brief, nondamaging physical distraction, such as pressing their fingers together very firmly or leaving to take a shower or work in the garden.

These few examples are simple strategies that can disrupt anger and give the individual some time and distance to calm down, then approach the situation differently, at a later time. As with enhanced self-awareness, these strategies are rarely sufficient alone, but are an important part of treatment.

Relaxation Coping Skills

Anger is often marked by increased emotional and physical excitement. Relaxation coping skills target this excitement and can help you calm down when angered. You can learn to become aware of the triggers for anger and you can use relaxation to lower it. Relaxation skills include slow deep breathing, slowly repeating a calming word or phrase, picturing a personal relaxation image, or focusing on muscle tension and consciously letting it go. These skills are practiced at home until you can relax quickly. Then, as you become better at using relaxation, it can be used to lower anger within the therapy session. For example, the therapist may ask you to imagine an angering event, experience the anger, and then assist you in the relaxation skills to lower the anger. Over the course of a few sessions, as the therapist's assistance decreases, you can learn to handle increasing levels of anger. If successful in the therapy sessions, you can begin to use relaxation for anger management in daily living, freeing yourself to approach situations more calmly.

Attitude and Cognitive Change

When angry, people often make bad situations worse by the way they think about them. For example, angry individuals tend to demand that things should be, ought to be, or have to be, their way—rather than just wanting or preferring them to be a certain way. Often, they call other people insulting, sometimes obscene, names. The problem situation is often seen as awful or catastrophic, rather than simply difficult, frustrating, or truly disappointing. By thinking about bad situations in this way, natural frustrations, hurts, and disappointments seem much larger, leading to increases in anger.

Attitude and cognitive change techniques focus on identifying anger-producing thoughts and replacing them with more reasonable ways of thinking. As with relaxation skills, many different techniques may be employed. For example, therapists could use careful exploration of thinking errors, role-playing, self-monitoring and self-debating strategies, and trying out new behaviors. You and your therapist will work together in session using

one or more of these techniques to become aware of, and change, attitudes and images that increase anger. Then, you practice the new and more reasonable thought patterns (habits) for anger reduction in the real world.

Silly Humor

Another cognitive change technique is silly humor. This does not mean that you will be taught to laugh away problems. Instead, the goal is to use silly humor, rather than hostility, as a partial cure. This is particularly helpful with certain types of angering thoughts. For example, adult drivers may make themselves angrier by calling other drivers “asses.” The client might be asked to define this term correctly. This usually leads to a definition of burro. Then, they might be asked to draw a picture of this definition and to picture this image when they use the term. Rarely is silly humor the primary therapy technique, but it often helps people chuckle at themselves, take a step back, and approach the situation in a less angry way.

Acceptance and Forgiveness

Many things that others do simply cannot be helped. For example, children spill drinks; they commonly argue with each other, then pout or shout; and they are always testing the boundaries of “no.” In industry, economic conditions sometimes lead to layoffs. Spouses sometimes forget about issues that are important to their partners.

But thinking that others have intentionally set out to cause problems is almost always wrong. Thinking that they could have acted differently, if they really wanted to, ignores other causes of behavior. Sometimes, for example, spouses or colleagues just didn’t hear what you said, or your friend just forgot. Thinking that the bad behavior of others is always intentional just increases anger and does little to solve problems. Understanding that some behaviors are caused by biology or genetics, or normal development, or economic stressors, is more realistic. Acceptance and forgiveness interventions help you to

understand these realities. The goal is to improve relations with others, while reducing needless and repetitive lecturing and blaming.

Skill Enhancement

Some people experience anger because they do not have the necessary skills to negotiate common interpersonal hassles and conflicts. They may fight with a spouse because they don't know how to communicate well about family budgets; become furious and yell at a child because they don't know how to handle the child's misbehavior; or become angry and intimidating when dealing with coworkers because they don't know how to be assertive. Anger escalates because of insufficient skill at resolving the situation.

Although the needed skills vary greatly from individual to individual, skill training can help you approach negative situations in a calm, direct, problem-solving manner. You and your therapist identify the needed skills and rehearse them during therapy sessions until you are comfortable with them. Then, you work together to transfer these skills from the office into the real world. Over time, you will learn general principles and strategies that can be adapted to many anger-causing situations. This leads to a reduction in anger because the skills stop or lessen conflict and tension with others.

Summary

Although frustration and a degree of anger are inevitable parts of life, individuals don't have to be victims of uncontrolled, intense, or frequent anger. A number of effective cognitive-behavioral techniques are available for anger management. No one is likely to need all of them. However, psychotherapy can identify how these strategies might be combined to reduce anger in order to help you and others in your life deal with this troublesome emotion.

