



DEFINING ANGER

Introduction

1. **Definition of Anger**
2. **Constructs associated with Anger**
3. **Linking Anger to Depression and Anxiety**



Introduction

The most common costs of anger are the destruction it causes to personal relationships. We make ourselves angry at the ones we love more often than being angry with other people.

A lot of frustration arises in the workplace, we have deadlines to meet, difficult bosses, problems with staff, unfairness, and all these things can test your patience. Your anger about frustrations can frustrate you more. Getting along with work colleagues is important to be able to succeed in the workplace. Anger can effect these relationships negatively.

Definition of Anger

DiGuiseppe & Tafrate in a 2007 publication (Understanding anger disorders) propose the following definition for anger:

"Anger is a subjectively experienced emotional state with high sympathetic automatic arousal. It is initially elicited by a perception of a threat (to one's physical well-being, property, present or future recourses, self-image, social status or projected image to one's group, maintenance of social rules that regulate daily life, or comfort), although it may persist even after the threat has passed. Anger is associated with attributional, informational, and evaluative cognitions that emphasise the misdeeds of others and motivate a response of antagonism to thwart, drive of, retaliate against, or attack the source of the perceived threat. Anger is communicated through facial or postural gestures or vocal inflections, aversive verbalizations, and aggressive behaviour. One's choice of strategies to communicate anger varies with social roles, learning history, and environmental contingencies."

Constructs associated with Anger

When understanding anger it is important to define constructs that are used to describe anger, aggression, hostility, hate and irritability. DiGuiseppe & Tafrate provides working definitions for these constructs.

Anger is defined above.

Aggression is defined as overt motor behaviour enacted with the intent to do harm or injury to a person or object, with the expectation that harm will occur.

Hostility refers to a semi permanent set of attitudes that can be either general or situational in nature. Such attitudes are related to both affective and behavioural characteristics.

Hate refers to an enduring negative affect of antagonism with a strong desire to effect revenge or hurt an opponent, without the physiological arousal normally associated with anger. Hate can turn to anger if the person actually confronts the object of his or her hate.

Irritability is defined as a complex construct that involves increased sensitivity to environmental stimulation that causes physiological arousal and tension, without cognitive mediation, and that results in a lowered threshold to experience anger, and/or impulsive, but not premeditated, aggression.

Linking Anger to Depression and Anxiety

A belief exists in psychology that anger is closely associated with depression and anxiety. Recent research suggests that anger is an emotion separate from negative affectivity. Anxiety and depression are probably more closely related to each other than to anger.



ANGER AND AGGRESSION

1. **Introduction**
2. **Considering anger as mediator of violence**
 - a. Murder and Anger
 - b. Rape, Sexual assault, and Anger
 - c. Domestic Violence and Anger
3. **Diagnosing Anger as a Disorder**

Introduction

To treat anger properly it is important to distinguish between anger and aggression. Anger can lead to aggression, but aggression is not anger.

Others (court, spouse, employer) often refer people who experience difficulty with managing anger and aggression to psychotherapy. During psychotherapy, clients are quickly able to control their aggression, but continue to experience anger. It is a misconception that all people displaying aggression are actually angry. Studies show that some spouses showing aggression does not display physiological arousal associated with anger when they assault their victims, they rather show the response that predatory animals do when they stalking their prey (Jacobson & Gottman(1998)).

It is thus important for treatment purposes to distinguish between anger and aggression.

Considering anger as a mediator of violence

Instrumental aggression is not having anger present and lacking an intention to harm others. The motive of instrumental aggression is to coerce others into giving resources to the aggressor.

Affective aggression (also called hostile or reactive aggression, or rage) is defined as having anger present, being motivated by causing harm to others, and is characterised by a cognitive style of impulsivity or lack of planning.

Research shows that the dichotomy of Instrumental vs. Affective aggression does not account for people who are for example suicide bombers. To commit such an act they have to experience intense anger/hate but they do not act impulsively. It would be safer to say that multiple variations drive aggression.

Murder and anger

Murder can be seen as a form of disturbed behaviour as murderers rarely achieve their desired ends, and they usually regret their actions and it usually leads to harm for the perpetrator. Pincus (2001) uncovered three variables common to most murderers. Most of them suffered from some neurological dysfunction that resulted in impaired impulse control. They suffered from some psychiatric disorder such as Schizophrenia, Bipolar Disorder, or Schizoaffective Disorder. Lastly, the perpetrator experienced severe abuse during childhood. It seems that long-term, intense resentment about being abused and shamed, and an inability to control impulses is key variables that may lead to anger in and an angry and aggressive episode.

The murder victim may not be the person who caused the most pain, but could rather be the last one in a long list of people who are perceived to have insulted the murderer.

Rape, Sexual Assault, and Anger

Anger may motivate rape. Sex offenders have frequently suffered harsh treatment, neglect and rejection at the hands of family members and others. Rapists may therefore be particularly sensitive to perceived rejection, leading to shame and anger. Sexual offending may be a behaviour pattern that is used to restore a sense of worth and perceived control.

Domestic violence and Anger

Anger may play a significant role in domestic violence. Spousal abuse is a rampant problem world wide. Studies in the USA suggest that 12-18% of all murders are spousal assaults. Forty percent of woman murdered each year die



at the hands of their husbands (Sigler, 1989). Research suggests that not all perpetrators of partner violence are alike.

Diagnosing Anger as a disorder

DiGiuseppe and Tafrate (Understanding anger disorders, 2007) suggest a new diagnosis in an attempt to describe anger that is disordered. Their proposed Anger Regulation-Expression Disorder (ARED) is as follows:

Diagnostic Criteria for Anger Regulation-Expression Disorder

A. Either (1) or (2)

1. Significant **angry affect** as indicated by frequent, intense, or enduring anger episodes that have persisted for at least six-months.

Two or more of the following characteristics are present during or immediately following anger experiences:

- (a) Physical activation (e.g. increased heart rate, rapid breathing, muscle tension, stomach related symptoms, headaches)
- (b) Rumination that interferes with concentration, task performance, problem-solving, or decision-making
- (c) Cognitive distortions (e.g. biased attributions regarding the intentions of others; inflexible demanding view of others' unwanted behaviours, code of conduct, or typical inconveniences; low tolerance for discordant events; condemnation of global rating of others who engage in perceived transgressions)
- (d) Ineffective communication
- (e) Brooding or withdrawal
- (f) Subjective distress (e.g., awareness of negative consequences associated with anger episodes, anger experiences perceived as negative additional negative feelings such as guilt, shame, or regret follow anger episodes)

2. A marked pattern of **aggressive / expressive behaviors** associated with anger episodes. Expressive patterns are out of proportion to the triggering event. However, anger experiences need not be frequent, of high intensity, or of long duration. At least one of the following expressive patterns is consistently related to anger experiences:

Direct Aggression / Expression

- (a) Aversive verbalizations (e.g., yelling, screaming, arguing nosily, criticizing using sarcasm insulting)
- (b) Physical aggression toward people (e.g., pushing, shoving, hitting, kicking, throwing objects)
- (c) Destruction of property
- (d) Provocative bodily expression (negative gesticulation, menacing or threatening movements, physical obstruction of others)

Indirect Aggression / Expression

- (e) Intentionally failing to meet obligations or live up to others' expectations
- (f) Covertly sabotaging (e.g., secretly destroying property, interfering with task completion, creating problems for others)
- (g) Disrupting or negatively influencing others' social network (e.g., spreading rumors, gossiping, defamation, excluding others from important activities).

B. There is evidence of regular damage to social or vocational relationships due to the anger episodes or expressive patterns.

C. The angry or expressive symptoms are not better accounted for by another mental disorder (e.g., Substance Use disorder, Bipolar Disorder, Schizophrenia, or a personality disorder) or medical condition.

Code based on type:



Anger Disorder, Predominately Subjective Type
Anger Disorder, Predominately Expressive Type
Anger Disorder, Combined Types

TREATMENT OF ANGER PROBLEMS

1. **Attitudes likely to interfere with Treatment**
 - a. Accurately assessing...
 - b. Up to ...Rigid Demands
2. **Using CBT to treat Anger**

Attitudes likely to interfere with treatment

Angry people tend to focus on the unwanted behaviour of others. An angry client's attitudes might include the following:

Accurately assessing the intensity of anger experienced

Angry people tend not to evaluate their anger as excessive due to not being socialised to react with alternative emotions. Their family, cultural or peer context may have not modelled alternative emotional reactions. They thus assess their anger to be appropriate. When the therapist attempts to discuss the client's behaviour they would find it difficult to convince the client that their anger is extreme.

Taking emotional responsibility

Angry people tend to blame others for their anger. They see the reason for their anger, as outside themselves, thus others must change not me. The client will find it hard to accept that he is responsible for his own anger.

Condemning others

Angry people usually view the recipient of their anger as a worthless human being worthy of being condemned and needing to pay for their transgression. They client will again find it hard to accept responsibility.

Self-Righteousness

Angry people believe they have been wronged or treated unfairly; they would rarely be prepared to investigate their role in a conflict.

Expressing anger

A general belief exist that people must express their anger, otherwise it will build up and they may explode. This is of course an incorrect notion.

Short-Term reinforcement

Angry people are reinforced by the compliance of significant others secondary to their anger. This is contrasted with the long-term negative effects that are not considered.

Rigid demands

The person who is viewed as the source of anger **should** act differently. A demand is placed on this person to have absolutely needing to have acted differently and that they are condemnable as a terrible person for not adhering to the angry persons demand. The rules made are usually moral in nature, such as people should not cut in front of me when I am driving.



Using CBT (specifically REBT) to treat Anger

We will use Road Rage as an example to demonstrate the principles. We will start with the C (Consequence)

Unhealthy negative feeling (C) - Anger, rage.

B (Belief) Destructive or Irrational Belief (iB) - You could be telling yourself, how can this person dare to just cut in front of me, he should not be allowed to do such a thing, it is damn terrible. He is such an idiot for driving like this. I cannot stand people driving like this.

A (Adversity) - Someone cuts in front of me while driving.

Lets put it together:

I drive, someone cuts in front of me (A), I think/perceive (B); "How can this person dare to just cut in front of me, he should not be allowed to do such a thing, it is damn terrible. He is such an idiot for driving like this. I cannot stand people driving like this". This leads to (C), Anger /rage and behaviours like shouting, swearing and hand signs.

The four main iB's that people subscribe to are:

1. How awful for people to treat me so inconsiderately and unfairly.
2. I can't stand their treating me that way.
3. They absolutely should not, must not behave so badly.
4. Because they are acting so terribly, they are terrible people, who don't deserve a good life, and who should be punished.

If we go back to the problem of angering yourself when driving, you can see that the unhealthy Consequence (C) stems from your correctly connecting the driver and his irresponsible action and from your incorrectly damning him - his entire personhood for this action. To remain rational you can evaluate the drivers unjust behaviour while refusing to put him down as a horrible person.

REBT helps you to identify the mindsets (B's) associated with A's that leads to the C's that disturb you (anger, rage) and gets you into trouble.

You will notice that you-like many other people- make yourself disturbed, when you subscribe to the iB's mentioned above.

Lets review Demandingness in a bit more detail:

Musts or demands

Irrational achievement and approval musts

"I must do well, win the approval of others, and never get rejected or else I am a rotten, inadequate person."

If you believe this idea, as many do, then you would to a degree come to a logical conclusion (based on this assumption) that "I am a rotten or inferior person, I will rarely succeed, so what is the use trying?"

This cause you to withdraw, avoid and to feelings of self-hatred and anxiety.

Irrational musts about others

"Others must treat me considerately and kindly and in precise the way I want them to treat me. If they don't they are bad people and should be damned for their awful behaviour." This irrational must leads to anger, as in our driver example.



Irrational musts about life conditions

"The world (and the people in it) must be arranged so that I get practically everything that I really want when I want it. Further to that, conditions must be arranged so that I don't get what I don't want.

Insights into self-angering beliefs

Other people may try to get you angry, but you choose to make yourself angry. You do so by creating iB's about others 'unfair' and 'unjust' behaviours.

Try and achieve the following insights from REBT with regards to your anger.

You are angered by your belief based on the current Adversity (someone cutting in front of you). It is not your past, not how your father drove or what other drivers did to you, it is about your response to the current situation. The view you hold now. Your past can play a role in the beliefs you prefer, but you still choose to think them now.

Secondly, no matter how you iB's came about you choose to keep them alive by continually practising them. Whenever someone cut in front of you, you choose to think the same thoughts about the situation over and over again.

Thirdly, in order to change your disturbed feelings and behaviour and the thoughts that lead to them, you will have to do a great amount of work and practice.

Disputing your iB's

1. **Rational Belief:** "I dislike it if people cut in front of me when I am driving and I would strongly prefer people not cutting in front of me." Irrational Belief: "You absolutely must not cut in front of me, you should never act in that way towards me."
2. **Rational Belief:** "Because you are treating me unfairly by cutting in front of me, your behaviour is wrong and poor, and you preferably should correct it." Irrational belief: "Because you are treating me unfairly by cutting in front of me, you absolutely must not; you are a rotten person who should be damned and severely punished."
3. **Rational Belief:** "It is highly unpleasant when you cut in front of me, and I would prefer that you do not do it." Irrational belief: "It is awful and terrible when you cut in front of me, and you must not. Nothing can be worse than this."

Each of the statements starts with a rational preference and ends up with an irrational command that the driver should not cut in front of you.

You can **Dispute** these irrational beliefs by asking yourself the following questions:

Disputing: Is it true that people can absolutely not cut in front of me? Do I have the power to decide for other people that they cannot cut in front of me? Will other people not cut in front of me because I say they may not? Is there any reason that the driver absolutely should not treat me as badly as he treated me? Can nothing be worse than the way this driver treated me? Is the driver condemnable as a person for cutting in front of me?

The Beginning

This information on anger is only a small peep into CBT and it's working. Should you struggle with anger and it leads to difficulties in your close relationships, work functioning and social relationships don't hesitate to contact a psychotherapist. We would believe a CBT therapist would be able to help you.

My thanks to the work of Albert Ellis, Raymond Chip Tarate and Raymond DiGiuseppe.

The following books inspired the information on Anger;



How to Control your Anger before it Controls you, Albert Ellis and Raymond C. Tafrate, 1997.
Understanding Anger Disorders, Raymond DiGiuseppe and Raymond C. Tafrate, 2007.