# CLIENTS WITH ANGER ISSUES


**WRITTEN BY:**

**PATRICIA PATTON, PH.D.**

**EDITED BY:**

**CHUCK MOSHONTZ, MA, MFT**

**GERRY GROSSMAN, MA, MFT**

**HARRY P. HAWKINS III, BA**

**MELANIE HARO, MA, MFT**

**MARY-CATHERINE SNYDER, MA, MFT**

**NICOLE MESSURI, MA, MFT**

**STEVEN FELIX, BA**

**STEVEN NESTOR**

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## A. Introduction

Anger is a natural human response to threat or harm, a response to fear or pain. The fear or pain can be physical, or it can be to self-esteem, or to an emotional need. Anger is an adaptive response, sometimes appropriate, sometimes misguided, to mobilize resources for corrective action or survival. It is intended to right a wrong, to self-soothe, and to protect. Displays of anger can be effective strategies for social influence and personal gain (Sutton, 1991; Hochschild, 1983). The subjective experience of anger varies, and so too do behavioral expressions of anger, from mild irritation to intense rage and fury. Anger tends to be impulsive, aggressive, or even violent. Anger becomes a problem when it is experienced too intensely or too frequently, or when it is expressed in the wrong way, at the wrong time, or in the wrong place.

Humans use language and symbols to communicate, and these are used with more or less sophistication, depending on individual development. It is relatively easy to predict situations in which an animal will feel threatened or feel pain and will therefore respond with an aggressive, self-protective mechanism, which in humans we call anger. But it is not so easy to predict the subtle, symbolic meanings humans make. The range of circumstances and events that trigger the anger response in humans can be enormous. People sometimes feel anger when they believe behavioral norms and social expectations have been violated, such as interpersonal boundaries, or ethical or legal violations (Morris, 1967). Where each of us establishes interpersonal boundaries is closely connected to individual phenomenological experience. How, when and why one person feels anger while another feels compassion, or one-person manifests rage while another disengages from the situation or expresses irritation, varies from person to person. For example, people with a lower socio-economic status express more frequent angry experiences, have more frequent outward expressions of anger, and have more frequent suppressions of anger (Boylan et al, 2015).

Nevertheless, Americans are angry, and on a scale not seen since the tumultuous 1960s. A recent TIME magazine article reported that 8/10 Americans were either angry or discontent with the government (TIME, 2016). This poll was taken even before the highly polarizing Trump-Clinton 2016 Presidential Election. In addition to government angst, every day there seems to be a new news story on one group angry at another: White Nationalist groups angry at immigrants, the LGBTQ community angry at the hetero-normative establishment, or consumers angry at media giants for breaches in privacy to name a few. The problem is anger is a self-perpetuating emotion. Once you're angry, unless you actively do something to calm down, you keep thinking about what made you angry in the first place until this emotion has grown into full blown rage. While anger is unavoidable, only through controlled anger can we make compromises and work through the issues that created the anger in the first place.

Moreover, chronic anger can and does also negatively impact personal or social well-being (Novaco, 2000; DiGiuseppe & Tafrate, 2006). The high costs of chronic and/or out-of-control anger are well known: intimidated family members, alienated friends, sabotaged careers, legal problems, and physical injury. Additionally, anger can damage the body, resulting in such physical manifestations as tachycardia (high heart rate), elevated blood pressure, and increased levels of epinephrine and norepinephrine — the hormones commonly known as "adrenaline" that are responsible for the fight-or-flight response. These hormones, when chronically activated, result in depleted adrenal glands and a host of other physiological stressors leading to emotional or physical illnesses, and sometimes even premature death.

## B. Anger, Aggression, and Hostility: Operational Definitions

There is confusion in our culture about anger and aggression. *Aggression* is a behavior, sometimes resulting from anger, but not always, that is intended to accomplish some goal. Sometimes aggressive behavior harms others or damages property. Aggressive behavior typically includes verbal abuse, verbal and non-verbal threats, intimidation, or destructive or violent physical actions.

*Anger*, in contrast, is a complicated emotional experience. It is a feeling that does not necessarily result in aggression. Thus, a person can experience anger without expressing it aggressively.

A concept related to anger and aggression is *hostility*, which is a mood or temperament that arises from a set of attitudes and judgments and often results in anger and/or aggressive behaviors. Whereas anger is an emotion and aggression is a behavior, hostility is a way of being that often includes anger and aggression. Hostility creates a systematic bias of negative judgments and feelings such that a chronically hostile person feels it necessary to defend perceived threat or harm with anger or aggression.

## C. Anger and the Fight-or-Flight Response

Some theorists view anger as an inherent part of the fight-or-flight response to a perceived threat of pain (Harris et al., 1964). The fight-or-flight response is also referred to as the fright-or-flight response, hyperarousal, or the acute stress response. Walter Cannon first described the theory of fight-or-flight in 1915 (Cannon, 1915; 1929) and postulated that animals react to threats physiologically with a general activation of the sympathetic nervous system, which prepares the animal for either fighting against the perceived attacker or fleeing to safety. The fight-or-flight response was later identified as the first stage of a general adaptation syndrome that regulates stress responses among vertebrates and other organisms.

Eons ago, the human fight response took the form of growling, prominent displays of facial anger, or aggressive, combative behavior, and flight was demonstrated by acting submissively, running away, or hiding from potentially threatening

environments or situations. In today's society, the threats take a different form, and it is not so much our immediate survival that is at stake, but our self-esteem, status, or prestige. The physiological fight-or-flight responses are not so different, except that when we feel threatened in a work-related situation, we generally do not lunge across the table to choke a co-worker or roll over on our backs to demonstrate submissive behavior. Instead we might launch into a passive-aggressive intellectual attack on a rival, or, since we can't flee the meeting in tears without causing harm to our position, we might flee from our feelings by socially withdrawing, downing an Ativan, cutting, abusing substances, or engaging in other self-regulatory behaviors. (Friedman & Silver 2007).

It is relatively rare, in animals and humans, that threatening behavior from another animal results in an immediate fight-or-flight response. Often, when an animal perceives a threat in its environment, there is a period of heightened awareness during which time each animal interprets the other's behavioral signals. With human beings, the heightened awareness usually includes physical sensations, emotions, and intuitions that work in tandem to influence the response to the threat. Anger is one possible response that might turn to aggression if there is a deliberate decision to stop the threatening behavior (DiGiuseppe & Tafrate, 2006).

However, because the process of identifying and integrating sensations, feelings, thoughts, and actions is complex, it can be confusing and overwhelming, resulting in reactions that are disproportionate to the situation. While most experiences of anger come from a perception of threat or harm, humans can be and frequently are mistaken in their perceptions, because individual experience is so varied. In addition, once the autonomic arousal associated with a threat is triggered, there is also a reduced ability to think clearly, exercise self-control, or observe events objectively (Novaco, 2000).

## D. The Purpose of Anger Management Techniques

In general, clients who present with issues of problematic anger can benefit from learning strategies and techniques to:

- Recognize the underlying triggers and precipitators of their anger.
- Manage their anger in more functional ways.
- Express their anger in alternative and more adaptive ways.
- Identify and change hostile attitudes and judgments.
- Prevent aggressive acts, including verbal abuse and physical violence.

Anger management techniques often use cognitive and behavioral approaches, empathy training, stress management and self-care techniques, relaxation methods (e.g., breath awareness, progressive muscle relaxation), and meditation and

mindfulness principles. Anger issues vary considerably, so treatment plans must be personalized to clients' specific needs.

## II. THE PHYSIOLOGICAL, EMOTIONAL, AND INTERPERSONAL IMPACT OF CHRONIC ANGER

### A. The Physiological Effects of Chronic Anger

Although the stress response is an adaptive mechanism, it can also be physically and emotionally disruptive and damaging when overused. In most modern societies, we infrequently encounter threats that require a physical response, yet our biology reacts to threats by marshalling forces for a physical response: catecholamine hormones are released to prepare the body for violent muscular action (Gleitman et al, 2004). The heart and lungs go to work and blood vessels become constricted in certain parts of the body and dilated in others, the muscles prepare for the coming battle. The muscles around the eyes react by dilating the pupils and reducing peripheral vision so that we can focus on the task at hand with classic "tunnel vision". Our hearing narrows to fully direct our attention to the threat. The production of tears and salivation is reduced to save fluids. The gastro-intestinal system and reproductive systems slow to a halt to preserve energy necessary for our immediate survival. Prolonged or chronic stress responses can suppress the immune system, thereby increasing the risk of bacterial, viral, or other opportunistic infections. In short, the body is primed to engage in a life-or-death battle, when in all likelihood, it is only our self-esteem or status that is threatened, and not by a saber-toothed tiger, but by a traffic cop who has pulled us over for speeding on our way to an important business meeting. As one can easily imagine, a body prepared to go to war is not the body we need to respond when the police officer asks to see our driver's license.

Although occasional, moderate anger typically does not create lasting harm to the body, chronic, sustained anger does. Research shows that people who exhibit hostility and chronic aggression have increased rates of high blood pressure and hypertension (Baer et al., 1983; Harburg, et al., 1979). Additionally, a learned unwillingness or inability to express anger may contribute to the development of high blood pressure and hypertension in people who are predisposed to these conditions (Diamond, 1982; Gentry, 1982: Dimsdale et al., 1986). In other words, too much anger, whether chronically repressed or chronically expressed, is linked to the aforementioned symptoms.

Research correlating chronic hostility with cardiovascular disease, including angina, heart disease, and heart attacks is well-documented (Grunnbaum, et al., 1997; Barefoot, et al., 1990; Rosenman, 1985). The expression of hostility is strongly associated with coronary artery disease for people of all ages (Ricci et al., 1995; Siegman et al., 1987; Kawachi et al., 1996). The literature also suggests a correlation between chronic anger/hostility and increased risk of premature death as a result of poorer overall health (Chesney et al., 1989; Koskenvuo et al., 1988; Deshields et al., 1989).

## B. The Emotional and Interpersonal Effects of Chronic Anger

Chronic anger and hostility often lead to vocational or occupational difficulties, relational problems, physical injury to self or others, legal problems, and feelings of guilt, shame, remorse, and regret. Chronic anger, manifested as verbal abuse or threatening behavior, often results in isolation or alienation from family members, friends, and co-workers (Deffenbacher et al., 1990; Deffenbacher et al., 1996).

High scores on instruments that measure hostility are linked to fewer and less satisfactory social supports (Greenglass, 1996). Deffenbacher and associates, who have conducted extensive research on the impact of chronic anger on personal and work relationships, have found that people who are chronically angry drink more alcohol and become inebriated more frequently (Deffenbacher, 1992). Houston and Kelly (1989) also found a strong correlation between high scores on measures of anger and overall levels of conflict in both families-of-origin and current marriages.

Jones and colleagues (1981) identified a significant correlation between hostility and loneliness; it is not hard to imagine that people who are chronically angry are often painfully alienated from others. When Hansson and associates (1984) later reviewed this research, they discovered that anger hinders social support in two important ways. First, people with anger issues often have cynical attitudes towards others and, as a result, are not able to recognize social support when it is available. Second, the unrealistic and overly demanding expectations that tend to go hand-in-hand with chronic anger make whatever social support is available seem inadequate. In spite of sincere interest from others extending support, people with anger issues are less likely to recognize, accept, or appreciate it.

## III. ASSESSING ANGER: CLINICAL INTERVIEWS AND SELF-ASSESSMENT TECHNIQUES

### A. Special Assessment Challenges

Techniques to assess anger are divided into two main categories: self-report and clinical interviews. Collateral/peer reports and interviews with friends and family members are also used to obtain a more accurate clinical profile. However, collateral reports are impacted by the relational dynamics, social sensitivity, attribution styles, and other information-processing factors on the part of the reporting peers.

One problem in assessment is that anger is a multifaceted phenomenon that includes cognitive, behavioral, and affective manifestations (Barefoot, 1992; Novaco, 1975; Spielberger et al., 1985). For instance, cognitive components of anger can include negative beliefs about others, including cynicism and suspiciousness. Affective aspects of anger include related feelings such as disgust and contempt. Behavioral manifestations of anger can take many different forms and range from overt aggression to subtle and socially acceptable ways of expressing anger in the course of daily life. Thus, the challenge in measuring the construct of anger is that clinical interviews and self-reports elicit different aspects of anger (e.g., affects, cognitions, and/or behaviors), which may result in confusion and miscommunication if clinicians assume that all instruments assess all aspects of anger in the same way (Barefoot, 1992).

Additionally, clients tend to present in the most socially desirable light, and may minimize the frequency, degree, and impact of their anger (Robinson, Shaver, & Wrightsman, 1991). Barefoot (1992) found that the distorting influence of social desirability was decreased when therapists used empathy, compassion, positive regard, and psychoeducation to help clients feel understood and cared for.

### B. Self-Assessment Measures

Frequently used anger self-assessment questionnaires include:

#### 1. Novaco Anger Scale and Provocation Inventory (NAS-PI)

By Raymond W. Novaco, Ph.D.

The NAS-PI is a self-report instrument that highlights the subjective experience of anger and is intended for subjects between the ages 9 and 84 years and who can read at least at a fourth-grade level. Separate norms are provided for preadolescents and adolescents (ages 9 to 18) and adults (ages 19 and older). The NAS-PI requires about 25 minutes to complete. It is used in clinical, community, and correctional settings. It can also be given to mentally disordered or developmentally-delayed patients.

The NAS-PI consists of the Novaco Anger Scale (60 test items related to the subjective experience of anger) and the Provocation Inventory (25 test items identifying the situations that trigger anger).

The Novaco Anger Scale measures general inclination toward anger reactions based on the three subscales:

- **cognitive**, including anger justification, rumination, hostile attitude, and suspicion
- **arousal**, including anger intensity, duration, somatic tension, and irritability
- **behavior**, including impulsive reactions, verbal aggression, physical confrontation, and indirect expression.

Anger regulation is also assessed based on the ability to regulate anger-engendering thoughts, to effect self-calming, and to engage in constructive behavior when provoked.

The Provocation Inventory includes five content areas:

- disrespectful treatment
- unfairness
- frustration
- annoying traits of others
- irritations

The NAS-PI has shown test-retest reliability.

**2. State-Trait Anger Expression Inventory-2 (STAXI-2)**
By Charles D. Spielberger, Ph.D.

This instrument measures the experience, expression, and control of anger in adults and adolescents, ages 16 and older who read at a sixth-grade level or better. The STAXI-2 can be administered in 10 minutes.

The STAXI-2 incorporates research on the nature of anger and its impact on mental and physical health. It can be used to assess the contribution of anger to the etiology and progression of various medical conditions, such as hypertension and coronary heart disease.

The STAXI-2 is composed of 57 items, 6 scales, and 5 subscales. The State Anger scale assesses the intensity of anger; the Trait Anger scale assesses the frequency of feelings of anger; and other scales measure verbal and physical expression of anger, how often the anger is experienced but not expressed, how often it is suppressed altogether, and an overall measure of anger expression.

**3. Conflict Tactics Scales**
By Murray A. Straus, Ph.D., Sherry L. Hamby, Ph.D., Sue Boney-McCoy, Ph.D., David B. Sugarman, Ph.D., David Finkelhor, Ph.D., David W. Moore, Ph.D., and Desmond K. Runyan, M.D.

The Conflict Tactics Scales (CTS) have been widely used for decades to assess domestic abuse within families (the Conflict Tactics Scales: Parent-Child Version) and partner violence in intimate relationships (the Revised Conflict Tactics Scales). The CTS focuses on the assessment of physically aggressive acts of intimidation and coercion.

The CTS can be completed in 10 minutes. It is comprised of 78 items, half of which refer to the respondent's behavior and the other half to the partner's behavior. Using an 8-point scale, the respondent indicates how frequently each behavior has occurred. The CTS yields "Self" and "Partner" scores for the following areas:

- Negotiation
- Psychological Aggression
- Physical Assault
- Sexual Coercion
- Injury

The CTS PC (parent-child) is comprised of 35 items, most of which focus on a parent's behavior toward the child. Several items inquire about the parent's own experiences as a child. These items yield scores for the following areas:

- Nonviolent Discipline
- Psychological Aggression
- Physical Assault
- Weekly Discipline
- Neglect
- Sexual Abuse

**4. Aggression Questionnaire (AQ)**
By Arnold H. Buss, Ph.D. and W. L. Warren, Ph.D.

This self-report inventory screens children and adults for aggressive tendencies. The Aggression Questionnaire (AQ) measures aggressive responses and the ability to channel those responses in a safe, constructive manner. Written at a third-grade reading level, the AQ takes 10 minutes to complete and can be administered to groups and individuals.

The AQ consists of 34 items scored on the following scales:

- Physical Aggression
- Hostility
- Verbal Aggression
- Indirect Aggression
- Anger

A total score is also provided, in addition to an Inconsistent Responding Index. Items on the AQ describe various characteristics associated with aggression. The respondent rates each item on a 5-point scale that ranges from "Not at all like me"

to "Completely like me." Norms are presented according to age ranges: 9 to 18; 19 to 39; and 40 to 88. In addition, norms for the Verbal Aggression and Physical Aggression scales are separated by gender.

In clinical settings, the AQ's five subscale scores provide detailed feedback that is especially helpful for treatment planning and outcome measurement. The AQ is often used in correctional settings for determining a need for treatment and a focus of rehabilitation efforts. In other institutional settings, such as schools, businesses, military installations, and geriatric or convalescent hospitals, the AQ can be used for both screening and program evaluation.

## 5. Sample Self-Assessment Scale

The following is an example of a self-assessment scale to evaluate the frequency and severity of anger. It can also be used over time to monitor treatment progress and can be given to family members to obtain additional information. A thorough assessment might also include discussing with the client his or her responses to the questions on this scale.

## ANGER SELF-ASSESSMENT SCALE

Check "yes" or "no" to the following items if you have behaved in any of these ways at any time in your relationship with your current (or previous) spouse/partner. Also, estimate how often you did each one using the numbers below:

Never Once or Twice Sometimes Often
0 1 2 3

Your intake worker will review this list with you and may ask for more details if you answer "yes" to any of the items below.

| YES | NO | |
|---|---|---|
| | | Demanded a strict account of how your partner spends money. |
| | | Upset by your partner working or by the idea of your partner getting a job. |
| | | Discouraged your partner from having friendships with other women or men? |
| | | Intentionally interrupted your partner from eating or sleeping. |
| | | Deliberately spit at or on your partner. |
| | | Kicked, hit, threw or broke an object out of anger. |
| | | Pulled your partner's hair. |
| | | Threatened to hit your partner. |
| | | Deliberately drove recklessly to scare your partner. |
| | | Threw, hit or kicked an object. |
| | | Threatened the children or directed your anger at them |
| | | Threatened pets or directed your anger at them. |
| | | Threw, hit or kicked an object at your partner. |
| | | Physically prevented your partner from using the phone to call the police, family members or friends for help. |
| | | Physically restrained your partner and/or prevented your partner from leaving. |
| | | Pushed, carried, grabbed, shoved, threw or wrestled with your partner. |
| | | Bit or scratched your partner. |
| | | Physically forced your partner to have sex with you or hurt your partner sexually against her/his will. |
| | | Given your partner visible injuries such as bruises, cuts, welts, or red marks. |
| | | Has your partner ever had to seek professional medical help for any injury you caused? |
| | | Threatened your partner with a knife, gun, or other weapon? |
| | | Used a weapon to injure your partner? |
| | | Has your partner called the police or tried to call them because s/he felt in danger by you (or felt the family was in danger)? |
| | | Stalked your partner or his/her family or friends? |

(Adapted from various scales and surveys)

## C. Interview-Based Assessments of Anger

A respondent's interactional style during the clinical interview has higher predictive value of anger than the actual content of a respondent's answers (Dembroski, MacDougall, Costa, & Grandits, 1989), so good anger assessments should also include perceptions of the respondent's interview behavior, regardless of the content of the interviewee's responses (Barefoot & Lipkus,1994).

Because the content of the respondent's answers are of secondary interest, a respondent's inability to understand a question and/or lack of self-awareness are not significant threats to validity. Whereas self-report assessments limit the subject's answer to a set of pre-determined responses, the clinical interview permits respondents more freedom to express themselves in their own characteristic way. Examples of structured anger assessment interviews include:

### 1. Structured Interview Assessment of Hostility (SI)

The Structured Interview (SI) is designed to assess Type A behavioral patterns, which are linked to cardiovascular disease (Matthews, Glass, Rosenman, & Bortner, 1977) and is also an important tool for assessing hostility. Some researchers suggest that hostility when detected via interview, may be more strongly associated with negative health outcomes than hostile traits detected via self-report instruments. (WCGS; Rosenman et al., 1975).

Methods for scoring the SI rely on subtle, primarily nonverbal, measures of hostile behavior demonstrated by the respondent during the interview process, instead of verbal reports of hostility or anger. Examples of behaviors measured during the interview include the direct or indirect presence of antagonistic behaviors; rude, hostile, or condescending behaviors; hostile withholding / evading (i.e. avoiding) behaviors; irritation; and tone of voice.

### 2. Interview-Based Anger Assessment Questions

The following questions are designed to assess a client's anger level. These questions can also be asked of family members of the client about the client.

- Do other people tell you that you get angry too often and too easily?
- Do other people tell your partner or other family members that you get angry too often and too easily?
- How has anger affected your marriage or intimate relationships?
- Do you make critical, judgmental comments to others?
- How has anger affected your job performance and your relationships at work?
- Do you often challenge authority figures because you'd rather be in charge?
- How has anger affected your family members, including your children, parents, siblings and other extended family members?
- How has anger affected your relationships with friends?

- How has anger affected other people who are not your family members or friends?
- Do you react in a few seconds with a harsh display of anger?
- How has anger affected your physical health?
- How has anger increased the likelihood of hurting someone else and/or harming yourself (e.g., reckless driving, acts of road rage, hitting things, etc.)?
- How has anger impacted your finances (e.g., triggered bad decisions, increased impulsive spending, etc.)?
- Do you use passive-aggressive behaviors (e.g., procrastination, "forgetting," social withdrawal, or deliberately promising to do something just to get the other person to leave you alone)?
- Do you use alcohol or drugs to calm down from thoughts or feelings of anger or from an angry outburst?

## IV. IDENTIFYING DYSFUNCTIONAL ANGER PATTERNS AND BEHAVIORS

### A. Gender Role Differences

Gender differences appear to play a role in the experience and expression of anger. Research shows that the fight-or-flight response may more accurately describe men's reactions to stressful situations than women's reactions (www.surgeongeneral.gov, 2005); more specifically, men are more likely to cope with stress by abusing substances, withdrawing socially, and/or displaying aggression.

Some researchers believe that the ways in which males are conditioned to respond to the fight-or-flight response contributes to their earlier mortality rates. In general, females are less likely to perceive threat in social interactions and more likely to cope with threats and stressors by seeking social support for tangible and emotional help. This pattern of responding has been referred to in the literature as *tend and befriend*; that is, during stressful periods, women are more likely than men to show protective responses toward their offspring and to affiliate with others in order to share social responses to threat (Taylor et al. 2000). Whereas men in our society direct fight-or-flight responses in an "against" (fight) or "away from" (flight) manner, women tend to respond in a "for" or "towards" (affiliation) manner.

### B. Problematic Anger Patterns and Behaviors

It is not always easy for people to identify problems dealing with and expressing anger. Problematic anger patterns are typically learned in childhood from one's family-of-origin, and thus seem normal.

People tend to express anger in either a passive or aggressive way (Mc Kay & Rogers, 2000). The passive or "flight" response sometimes is a repression and/or denial of anger. In contrast, aggressive behavior is associated with the "fight" response and is acted out verbally and physically.

Checklists of problematic angry behaviors can help to identify and monitor dysfunctional angry behaviors. Here are two examples:

#### 1. Passive-Aggressive Anger

Passive-aggressive anger is often expressed in some of the following ways:

- **Secretive behaviors:** stockpiling resentments and expressing them later or "behind other people's backs"; ignoring and giving the "silent treatment"; muttering negative comments under one's breath; avoiding eye contact; gossiping; spreading rumors.

- **Manipulation:** pretending to agree in order to end a conversation and avoid dealing with the genuine issues or feelings; provoking aggression and then claiming that the other person is too sensitive or that you were "just joking"; pretending to be sorry or feigning tearfulness; faking an illness to avoid dealing with a situation; sabotaging relationships; using sexual provocation; using a third party to express your negative feelings; withholding money or other resources.

- **Self-blame:** apologizing too frequently without making efforts to change the offending behavior; being overly critical; eliciting criticism.

- **Martyrdom:** being overly helpful at a cost to oneself; self-sacrificing and refusing help; focusing on others not being grateful enough to you.

- **Ineffectuality:** setting up your own or another's failure; depending on people who are unreliable; being accident-prone; underachieving.

- **Detachment:** giving the cold shoulder; appearing aloof; numbing emotions by abusing substances or eating or sleeping too much; not responding to another's anger; being a workaholic; giving inordinate amounts of time to intellectual rather than emotional aspects of events; talking about frustrations but showing no overt feelings.

- **Obsessive behaviors:** needing to be inordinately clean and organized; constantly checking things; or demanding that all tasks – no matter how insignificant - be done perfectly.

**2. Overtly Aggressive Anger**

Examples of aggressive displays of anger include:

- **Intimidation:** threatening others; finger pointing or fist shaking; "getting in someone's face" and invading personal space; acts of road rage such as tailgating; excessively blowing a car horn; forcing another car off the road.

- **Upsetting or Hurtful Behavior:** verbally belittling, putting down, or humiliating others; cursing and swearing at others; telling culturally biased or vulgar jokes without sensitivity to one's audience; deliberately discriminating based on difference; blaming; labeling.

- **Destructive Behavior:** breaking objects; harming animals; reckless driving; yelling; being overly punitive; pushing, shoving or using physical violence.

- **Projecting blame onto others:** blaming others for one's own mistakes; blaming others for causing one's own feelings; refusing to forgive; bringing up hurtful memories; or denying any responsibility for one's actions.

- **Manic behavior:** speaking too fast; working too much; driving too fast; reckless spending.

- **Grandiosity:** demanding to be the center of attention; behaving with a sense of entitlement; lack of empathy; being a poor loser; not listening to others; ignoring other people's needs; not acknowledging or apologizing for hurting others.

- **Unpredictable Behavior:** explosive rages about minor irritations; indiscriminate attacks; inflicting harm on others just to inflict harm; using alcohol and drugs; using irrational/illogical arguments.

### 3. Escalating Arguments

Disagreements can easily escalate into anger when one or both people feel threatened or hurt in the exchange. Tone of voice, body language, and facial expressions can all shift the intensity of an argument rather quickly. By understanding how this escalation occurs, simple disagreements can be prevented from escalating into violence.

Below are examples of behaviors that escalate arguments. A therapist might explore these examples with clients to help identify specific behavioral patterns and to acknowledge the results or consequences of the behaviors. The next step would be to assist clients in identifying behaviors that help to de-escalate arguments.

## Ways to Escalate an Argument

- **Arbitrary limit setting:** "That's it! I'm out of here!" "I can't take it anymore! I'm done!" "I'm calling my attorney and filing for divorce!" "There's nothing more to say."

- **The silent treatment:** Ignoring or denying anger, e.g., "There's nothing wrong." "There's nothing to discuss."

- **Cursing and swearing:** "Damn you!" "Fuck you and your mother!" "Go to hell!"

- **"Not-so-innocent" observations:** "I noticed that you didn't clean the house today."

- **Dismissing Comments:** "Who cares what you want to do?" "Whatever."

- **Ultimatums:** "Either you have sex with me right now or I'll have an affair!" "If you don't start being on time, I'm leaving you."

- **Accusations:** "You think he's sexy!" "You never loved me!"

- **Manipulating with guilt:** "I worked while you went to college and now you won't let me play poker!" "Don't worry about me being here sick while you go to the game; I can always go to the emergency room!"

- **Embarrassing statements:** "I remember how good you looked before you gained all that weight." "I hate to be seen with you in public!"

- **Using nonverbal, critical sounds:** Loud sighing, audible groaning, judgmental sounds like "tsk, tsk".

- **Tone of voice:** cold, sarcastic, harsh, judgmental, whining, mumbling.

- **Body language:** shaking a clenched fist, shrugging shoulders, leaning forward in an intimidating way, shaking your head, tapping your foot.

- **Facial Expressions:** Grimacing, sneering, frowning, rolling your eyes, biting your lip, narrowing your eyes in a threatening manner.

### 4. Dirty Fighting Techniques

Many of the above techniques are aspects of "dirty fighting" - techniques that disrespect self and others, avoid addressing issues and concerns in a straightforward, honest manner, and escalate fights.

Part of what makes disagreements and arguments so difficult is that we are raised in a culture in which, as the famous football coach Vince Lombardi said, "Winning isn't everything, it's the only thing." Thus, some of us feel we must "win" every argument regardless of the manipulative or hurtful tactics required to win and heedless of the notion that if we win, our loved one or child or friend "loses." An alternative model would be to move beyond a "win-lose" model and develop ways to argue that would help to preserve the relationship and the dignity of both parties involved in the disagreement.

## Dirty Fighting Techniques

The following examples of dirty fighting are written from a paradoxical perspective to elicit humor. The intention is to reduce defensiveness and encourage clients to be candid and honest with themselves about the ways in which they may use these techniques and tactics.

- **Ignoring:** If you truly listen to your partner, you might be seen as valuing and respecting his/her thoughts and feelings. Instead of showing your partner common courtesy by listening, pretend to watch TV, read, or fall asleep while s/he is talking. The more serious the topic, the more adamantly you should ignore your partner. Eventually, your partner will give up and maybe you'll get all of the quiet you deserve.

- **Tit-for-tat:** When your partner complains about something you have done or said, immediately complain about something your partner has done. If your partner says she'd like to talk to you about your habit of leaving your clothes on the floor, respond by saying something like, "Oh yeah, well what about the lousy job you do of cleaning the kitchen?" If you trade complaint for complaint, you never have to take responsibility for your behavior.

- **Labeling:** By calling your partner a name, you can get the drop on your partner by lowering his or her self-esteem. Eventually, your partner will come to believe s/he is an "idiot" or a "loser," obscuring all the while the real issues and where you may be at fault. (P.S. If you use psychological labels as "neurotic," "borderline," "codependent," or "alcoholic," you will seem smarter and more authoritative).

- **The kitchen sink:** The next time you find yourself arguing with your partner, throw in as many problems as you can think of so that you can convince your partner of his or her inherent, historic badness or wrongness. If your partner doesn't remember the past offenses, so much the better, because it will also appear as if his/her memory is also going bad.

- **Woe is me:** Play the martyr by recounting every slight, injustice, or hurt you have ever suffered in the relationship. Include plenty of details so your partner can't get a word in edgewise. Be sure to sound hurt and self-righteous. This technique can be used to justify almost any selfish action. For instance, "I bought the big screen TV to keep me company since you are back in school and I have to sit here alone every night."

- **Bad timing:** Timing is everything. When you've got a hot topic or complaint and want to argue, wait until your partner is sick or tired, during your partner's favorite TV show, just before your partner leaves for work, late at night, or after a few drinks. Start an argument when your partner will not be able to effectively respond.

- **The "Why" inquisition:** Bombard your partner with "why" questions, e.g., "Why were you late?" "Why didn't you take out the trash?" By asking "why", you are implying that something is terribly wrong with your partner (instead of a simple problem behavior). You also sound like an authority figure, and your partner has to answer as if s/he were a child explaining naughty behavior to a parent.

- **Character assassination:** Don't focus on the current problem or issue; otherwise, you may have to admit some responsibility in the matter. Instead attack your partner's personality or character. Use statements like, "If you weren't such a bad mother, our son wouldn't be hooked on drugs," or "If you were a better wife, I wouldn't spend so much time drinking with the guys at the bar." Focus the attacks on your partner's most sensitive or vulnerable areas.

- **Pulling rank:** You can stop an argument fairly quickly and before admitting any responsibility by reminding your partner that you are smarter, more experienced, older (or younger, if that helps your cause), or that you make more money. Remind your partner that s/he had nothing before you entered the picture; say this quickly and move on, before your partner realizes it makes no sense. Don't hesitate to exaggerate or lie to enhance your status at your partner's expense.

- **Fortune-telling:** Protect yourself from having to make any real changes or taking responsibility for solving problems by predicting the future. Statements like, "You will never change," or "You will always be a lousy lover" make the situation seem hopeless and your spouse seem like a loser. If you predict that you will abandon your partner at some future point (e.g., "One of these days, I'll get so fed up that I'll pack my bags and leave"), you can instill fear and insecurity. This will scare your spouse into appreciating you more.

- **Humor and sarcasm:** This method is a great "sneak attack" where you can say any cruel comment to your partner without getting in trouble because "you were just joking." If your partner reacts in anger to your comments, then accuse him/her of "being too sensitive." You can also insult your partner's intelligence by pretending that you didn't really intend to insult him/her by being sarcastic ("Yeah, right!").

- **Turning up the fire:** Heat up an argument by exaggerating the importance of an issue with inflammatory statements like, "If you really loved me, you'd do what I asked," or "This goes to show that you don't care about me or the kids." Make every issue in the relationship, no matter how small, seem an absolute life-or-death matter. This technique is even more effective if you demand immediate attention to the issue.

- **Mind reading:** Pretend to be wise and all-knowing by deciding you know the real reason behind your partner's actions. By assuming a superior attitude, you can avoid having to take responsibility for your own actions. Statements such as "You only said that to hurt my feelings," or "You did that to embarrass me in front of my family" puts your partner on the defensive. While your partner struggles to explain his/her actions, you look cool, calm, and collected.

- **Blame, blame, blame:** No matter what terrible thing you did or said, always hold your partner completely responsible for the problem. Don't admit your behavior had any part whatsoever in the conflict. Never apologize and never admit that you will change anything about your behavior. Pretend to be the innocent victim, once again.

## 5. "Addicted" to Anger

Anger can become a habitual, familiar, routine, and predictable response to various situations. Habits, of course, are performed again and again without thinking. Likewise, people with anger management problems often resort to aggression without thinking about the negative consequences or devastating effects it may have on others.

Another way of thinking about this is that people can become "addicted" to anger. The body's neurochemical system becomes accustomed to responding in a particular pattern, perhaps a pattern learned in childhood. When faced with a perceived threat or pain, the "addicted" physiological response takes over, and there is a sense of relief at yielding to the demands of the body. Similarly, trying not to respond to a neurochemical loop is like trying to kick an addiction. The body seems to pull in the direction of the habitual behavior.

The following exercise is designed to help clients identify possible anger "addiction" sources, and how their habitually angry responses negatively impact the quality of their lives.

## The Anger Habit

Answer the following questions to help you learn more about how your anger may have become a habit or an emotional "addiction."

| |
|---|
| How does your anger keep you from dealing with constructive criticism or feedback? |
| How does your anger keep you in the same dysfunctional relationships or situations? |
| Does your anger prevent you from not living in the way that you would like to be living? |
| Does your anger help you say what is hurting you but it comes out in an angry manner? |
| Does your anger prevent you from making changes in your own life because you are too focused on blaming the other person? |
| How does your anger keep you from dealing with your fears? With losses? |
| How does your anger prevent you from facing your own doubts about yourself? |

## V. COGNITIVE-BEHAVIORAL THERAPY TECHNIQUES IN THE TREATMENT OF DYSFUNCTIONAL ANGER

### A. Introduction

Cognitive-Behavioral Therapy (CBT) techniques have been effective in the time-limited treatment of problematic anger (Beck & Fernandez, 1998; Deffenbacher, 1996; Trafate, 1995). Three CBT interventions, which are theoretically connected by principles of social learning theory, are most often used when treating problematic anger:

- Relaxation techniques, targeting emotional and physiological aspects of anger
- Cognitive interventions, focusing on cognitive processes such as hostile attributions, irrational beliefs, and inflammatory cognitions
- Communication skills, targeting deficits in assertiveness, passive-aggressiveness or other avoidant styles of communication, and conflict resolution strategies

CBT treatment typically incorporates two or more CBT interventions and focuses on multiple response domains (Deffenbacher, 1996; 1999). This approach includes cognitive restructuring, social skills training, relaxation techniques, and communication skills approach and gives clients options to find a way of coping with anger that works best for them. Theoretically, the more anger management techniques clients have access to, the better equipped they will be in responding to anger-provoking situations.

Clinicians can apply Cognitive-Behavioral treatment in a group format or individual treatment. Individual treatment has the advantage of providing more focused attention and in-depth instruction.

Rather than simply presenting anger management techniques, the most effective treatment involves individualized anger management plans, created in collaboration with clients, and incorporating as many different approaches as possible. For example, some women may develop an anger management plan with an emphasis on their relationships to their intimate partners or on parenting concerns. Men may develop anger management plans to address conflicts in their relationships with intimate partners, bosses, or co-workers.

Using CBT, clients identify situations that trigger their anger. They learn to recognize the physical, behavioral, emotional, and cognitive cues of their anger. Underlying assumptions and core beliefs that contribute to problematic anger are identified and challenged. Next, clients develop anger management interventions and behavioral techniques in response to challenging situations and physical cues.

## B. Common Anger-Related Underlying Assumptions and Core Beliefs

Core beliefs, also known as schemas, develop during our early relationships with our primary caregivers, and are fundamental worldviews and belief systems that we react to, usually without question. Thus, an important therapeutic task involves helping clients to identify these beliefs and to challenge their veracity and usefulness.

Below are examples of some commonly held core beliefs and underlying assumptions associated with dysfunctional anger:

**Belief #1: Anger automatically causes aggression.**

A commonly held belief is that anger automatically leads to aggressive outbursts. A related misconception is that the only effective way to express anger is through aggression. Of course, our task is to evaluate such beliefs and teach techniques to control the escalation of anger, such as assertiveness training, changing negative "self-talk," and challenging irrational beliefs.

**Belief #2: In order to get what we want, we must be aggressive.**

There is often confusion about being assertive as compared with being aggressive. Aggression dominates, intimidates, controls, harms—that is, its motto seems to be, "win at any cost". Aggression is a fight-or-flight response, and not only are its costs high, its victories are costly. In contrast, assertiveness seeks to express feelings and needs in a direct, clear, and respectful way.

For example, if a person was frustrated with a friend who was repeatedly late for meetings, the person could resort to yelling and name-calling. This is an attack, and while it may succeed through intimidation, it may cause rebellion and is likely to cause alienation. In contrast, an assertive approach would be to say, "When you are late for our meetings, I get really frustrated and angry. I'd like you to be on time more often." This statement expresses the feelings of frustration without alienating and communicates how the person would like the situation to be resolved. This expression does not blame or threaten, and minimizes the chance of emotional harm to the friendship.

**Belief #3: Venting anger is healthy and helps you feel better.**

For years, it was accepted that expressing anger through such aggressive behavior as screaming or beating on pillows was healthy and therapeutic. However, in contrast to the belief that anger dissipates when it is vented, research has found that venting anger aggressively simply reinforces aggressive behavior. (Berkowitz, 1970; Murray, 1985; Straus, Gelles, & Steinmetz, 1980).

## C. Identifying Specific Anger Triggers

In order to deal with problematic patterns of anger, clients must develop an awareness of the particular situations, people, and behaviors that incite their anger and an understanding of the negative consequences that arise from the dysfunctional display of anger. This is not to better identify the "trouble makers." No one is responsible for how we express our anger but ourselves, and clients must take responsibility for their actions. Gaining awareness of what triggers our anger simply helps us be more aware of our vulnerabilities and be better prepared to handle frustrating situations.

For example, a client may get triggered and become impatient when having to wait in line at the supermarket. The client could become angry and loudly demand that the checkout clerk call for more help. There may be an angry exchange with the clerk or another customer. If the situation escalates, the store manager may intervene, and ultimately security may have to remove the person from the store. The negative consequences that result from this event include not getting the groceries, the embarrassment of having been removed from the store, and the inconvenience of having to shop for groceries elsewhere, so as not to face the employees of the market where the scene was caused.

## Identifying Specific Anger Triggers

Put a check by any of the statements below that commonly trigger your feelings of anger.

_____People who are late

_____Waiting in line

_____People who are rude or inconsiderate

_____Traffic jams

_____Tailgaters

_____Slow drivers

_____Being falsely accused of lying

_____Long waits to see your doctor

_____Men

_____Women

_____Having to clean up after someone else

_____Crowded buses, subways or trains

_____Joking about sensitive topics

_____People who are prejudiced

_____Being given the wrong directions

_____Being wrongly accused

_____Co-workers who don't do their jobs

_____People who cheat

_____Not being paid back money

_____My children

_____My partner/spouse

_____My brother or sister

_____My parents

_____My in-laws

_____Criticism of me

_____Being put on hold "forever"

_____ Lack of appreciation

_____People who ignore me

_____My boss

_____Taxes

_____Gas prices

_____Neighbors who are too loud

_____People who cut in line

_____The amount of my paycheck

_____My pet

_____Lying

_____Being put on hold "forever"

_____Automated phone menu choices

When I notice these anger triggers, I can do the following things to calm down (e.g., focused breathing, take a walk, listen to music, etc.):

Sources of support to help me cope with these anger triggers include (e.g., talking to my partner, calling a friend, petting my dog, etc.):

Although common, everyday events can provoke anger, sometimes very specific things trigger very sensitive areas. These sensitive areas or "red flags" are usually long-standing issues. For example, a person who had learning problems as a child and was shamed, intentionally or inadvertently, might be exquisitely sensitive to any sort of shaming behaviors, whether directed at him or her or not. This sensitivity would also emerge in a more direct way, such as when someone calls the person "stupid".

## D. Monitoring Anger

### 1. The Anger Scale

One CBT technique to increase awareness of anger is to learn how to monitor anger. A simple way to monitor anger is an "anger scale," in which clients rate the intensity of their anger on a 1-to-10 scale, with "1" representing a complete lack of anger and "10" representing an explosive loss of control with negative consequences. A "10" is reserved for instances in which there were (or could have been) significant negative consequences. An example of a "10" would be an assault resulting in arrest.

It is important for clinicians to clarify that when a client encounters an anger-provoking situation, s/he does not reach a "10" immediately, even though the client may feel that way. In reality, anger starts at a lower number and then quickly moves up the scale. As clients eventually learn to recognize that there are gradations of anger, they can also recognize multiple places to intervene to "short-circuit" the process.

### 2. Anger Cues

The second component of anger self-monitoring is identification of arousal cues that occur in response to an anger-provoking situation. These cues act as warning signs of escalating anger and are divided into four cue categories: physical, behavioral, emotional, and cognitive.

#### a. Physical Cues

Physical cues are how the body reacts when angry. For example, heart rate increases, there may be tightness in the chest, or a sensation of flushing or heat. These physical cues are warning signs that anger is escalating. Identifying the physical cues is the first step in stopping the process.

### b. Behavioral Cues

Behavioral cues are the behaviors exhibited when angry. Behavioral cues are usually observed by others. Examples are clenched fists, staring, pacing back and forth, slamming doors, or raising voices. Behavioral cues are warning signs of escalating anger.

### c. Emotional Cues

Emotional cues are other feelings that occur when a person is angry. For example, associated with anger may also be feelings of abandonment, fear, disrespect, humiliation, insecurity, jealousy, or rejection. These are the core feelings that underlie anger. We typically avoid these core feelings because they make us feel vulnerable. An important part of anger management is recognition of these vulnerable core feelings that underlie anger. In this way, anger can be seen as a secondary emotion to these more primary core feelings.

### d. Cognitive Cues

Cognitive cues are the thoughts that occur in reaction to an event that incites anger. When people become angry, they interpret situations in particular ways. For example, a person may interpret a friend's comments as demeaning, or perceive the actions of others as humiliating or controlling. CBT refers to these thoughts as "self-talk" because they resemble a conversation that a person has with him/herself. For people with anger problems, self-talk is typically negative and hostile both in tone and content.

In addition, fantasies and images are another form of cognitive cues, which, like hostile self-talk, can also spur anger. For instance, a client might have images of aggression and fantasize about taking revenge on a boss who fired him/her. Or a client might imagine or visualize a spouse or partner having an affair. When clients ruminate on these fantasies and images, it also cues anger.

Below is a brief anger management exercise for identifying anger cues.

**Identifying My Anger Cues**

1. What are some of the physical cues that you have experienced recently, or in the past, when you have become angry?

2. Describe some of the behavioral cues that you have experienced recently, or in the past, when you have become angry?

3. Identify some of the primary feelings/emotional cues that you have experienced recently, or in the past, during an episode of anger?___

4. Describe examples of cognitive or thought cues that you have experienced recently, or in the past during an episode of anger.

Below is an anger management exercise to use with your clients to reinforce their usage of the Anger Scale and to practice identifying their anger cues.

**Anger Scale Exercise**

1. Identify the situation(s) that triggered your anger since your last session.

2. What were your physical cues that were associated with the anger-provoking situation(s)?

3. What were your behavioral cues that were associated with the anger-provoking situation(s)?

4. What were your emotional cues that were associated with the anger-provoking situation(s)?

5. What were your thought cues that were associated with the anger-provoking situation(s)?

6. What was the highest number that you reached on the Anger Scale since your last session?

7. What anger management strategies did you use to avoid reaching "10" on the Anger Scale?

## E. Strategies for Controlling Anger

### 1. Introduction

In addition to becoming aware of anger intensity and anger cues by using the Anger Scale, clients need to learn strategies to manage their anger. These strategies are used to intervene in the escalation of anger. In order to develop an effective set of anger management strategies, clients could benefit by learning both immediate anger management strategies and preventive anger management techniques. The former can be used in the heat of the moment when anger is escalating; the latter can be used to stop anger before it begins.

Examples of immediate anger management techniques include time-outs, breathing awareness exercises, or thought-stopping. Preventive anger management techniques include cognitive restructuring and mindfulness practices (these strategies are discussed in detail below). Of course, it is important to encourage clients to use strategies that feel comfortable to them and that work best for their

individual needs.

The basic idea in developing a personalized anger management plan is to have clients try many different techniques to discover the anger control strategies that work best for them. Once clients identify these anger management strategies, they can add them to a personalized anger management plan. Some therapists refer to an anger management plan as a toolbox and the specific techniques as tools. This analogy may help clients conceptualize the importance of devising a written anger management plan for themselves. These strategies should be written in a formal anger management plan for a quick and easy reference to be used in an anger-provoking situation. To use the toolbox analogy, different anger management tools may be necessary for different situations; thus, clients are encouraged to learn and utilize a variety of techniques.

Many clients like to carry in their wallet or purse a reminder note or an index card with their anger management plan written on it. Some clients refer to this as their *crisis response card*. This card can be an "anchor point" to ground clients in anger-provoking situations, so that they don't have to think about what to do in the heat of the moment; they simply pull out their crisis response card from the toolbox.

**2. Time-Out**

One example of an anger management technique is time-out. Time-outs can be used in either a formal or an informal way. The informal use of a time-out is to simply leave, to extricate oneself from a triggering situation, or to stop a conversation that is provoking an escalation of anger.

For example, while driving, you are cut off by another driver. You feel a physical, emotional, or cognitive cue (rapid heart beat, an image of a vengeful response, a thought that the other driver did it to you personally, etc.). Using an informal time-out, you would recognize the cue and think, "I need a time-out", and simply change lanes, avoid eye contact, and move away from the other driver, removing yourself from the inflammatory situation.

A slightly more formal use of a time-out would be to remove yourself from an interaction when you or your partner are becoming too angry. In these situations, either person can give a prearranged "time-out" signal, indicating, "I need a time-out". This lets the other person know that they are becoming triggered or fearful and need to take some time to reflect and work on their anger cues before resuming the interaction.

A more formal use of a time-out involves a written or verbal time-out contract: All parties (e.g. spouses or intimate partners, family members, friends, co-workers, etc.) must agree to abide by the terms of the contract.

Time-outs are not "game over", but a temporary removal of oneself from a situation that threatens to escalate, time to calm down and then return to the situation, after the physiological, cognitive, and emotional arousal has been reduced.

Time-outs are a way of taking responsibility for one's own tendency to react destructively, and an indication of caring about the physical and emotional safety of self, partners, and relationships. Arguing about who is going to leave in a time-out is a misuse of the concept. All parties must agree, in the use of a formal time-out, on a rule for who must leave. Perhaps the person who indicates the need for the time-out is the one to leave the situation. Being the one to leave does not mean that the person is wrong or less important than the other person.

Time-outs require practice so that they begin to feel less artificial. It requires coaching about self-control and pride, and reiteration of the notion that the relationship is more important than the feeling of the moment.

Below is a sample time-out contract. Although it has been written with a partner in mind, it can be adapted to any other person.

**TIME-OUT CONTRACT**

"Time-out" stops the escalation of anger and allows us to cool down. Whenever either of us begins to feel angry or frightened, either of us can call a time-out, and we both agree to abide by it.

When I notice that my anger is escalating, or when I begin to feel frightened, I agree to:

**Step 1**

- Give an agreed upon, non-blaming signal or statement indicating the need for a time-out

**Step 2**

- Leave the area immediately.
- Do something to calm down: take a walk, exercise, pay attention to breathing, listen to music, write in a journal, call a friend or family member, or _____
- Do not think about ways to "get even" with my partner.
- Do not think about all the reasons I'm angry.
- Do not do anything to increase my anger.
- Do not use drugs or alcohol.
- Do not drive or engage in activities that could be dangerous to others or myself.

**Step 3**

- The time-out will be _____ minutes in length (usually no less than an hour).

**Step 4**

- When I return from a time-out, I agree to check in to see if my partner is ready to talk.
- If we both feel ready to talk, I agree to accept responsibility for my actions and work with my partner to find an acceptable resolution to the problem.
- I will use fair fighting techniques.
- If we are still angry, we will schedule a discussion for a later, mutually agreed-upon time.

**Step 5**

- Whenever my partner wants a time-out, I agree not to prevent it from happening in any way.

Signature of both partners: _____

_____

## 3. Cognitive Restructuring

When using CBT to treat anger, a client analyzes an anger episode to identify the cognitive distortions that trigger the anger. This begins the process of cognitive restructuring, which includes challenging negative or hostile self-talk, irrational beliefs, and "trigger thoughts" that elicit and escalate anger.

Clients differ in their ability to learn and apply cognitive restructuring. Some may initially have problems grasping the concept or may not be ready to look at their thoughts. It is important to accept clients, to "meet them where they are". Therapists help their clients to understand that their way of thinking may not be accurate, that these cognitive distortions maintain anger, and that changing these thought patterns can prevent damaging episodes of anger.

The first step in analyzing cognitions is to distinguish between external events and interpretations of these events: opinions, conclusions, value judgments, or perceptions of the events. For example, a client might say, "My boss criticized me at work because she doesn't like me." Although it may be true that the boss was critical, the thought arising from the event -- that the boss doesn't like the client -- is an interpretation that may not be accurate.

One way to help clients understand the role of irrational beliefs and "trigger-thoughts" is to have them consider the distinction between sensory information (that which they know through their senses) and the meanings they attach to that sensory information (McKay & Rogers, 2000).

For example, suppose you are waiting to meet a friend for lunch, and the friend is 20 minutes late. When the friend finally arrives, you notice that she is frowning and distracted. You conclude that she was late because she really didn't want to have lunch with you and is distracted because she doesn't want to be there with you. You react defensively and pick a fight over what to order for lunch, because now you only have time for something quick because she was late. Only later does your friend tell you that she was late because she had just come from a doctor's appointment and the doctor was late. She is frowning and distracted because the doctor told her that she would need some medical tests.

This illustrates one of the ways in which humans are prone to misperceiving the meaning of events and extrapolating meanings that are not true, resulting in interpersonal misunderstanding and conflict.

These are examples of common anger-triggering thoughts based on cognitive distortions:

1. The perception that you've been harmed and victimized.
2. The belief that the provoking person harmed you deliberately.
3. The belief that the provoking person was wrong, is bad, and should have behaved differently.

(McKay & Rogers, 2000, p. 47)

The following anger-triggering thoughts are examples of the above three elements:

1. *"I come home from work exhausted and stressed out, and then I have to do all the work around the house without any help?"*

   **Harm:** I am being forced to work as hard at home as I am on the job.

   **Done deliberately:** Implies that the provoking person understands how you feel when you get home, but chooses to ignore that and to not help anyhow.

   **Wrong:** Implies that the provoking person is unkind, mean, thoughtless, etc., because s/he hasn't cleaned up the house.

2. *"My son is trying to upset me by not eating the dinner that I worked so hard to make for him and instead is playing with his food and spilling it on the floor."*

   **Harm:** My child doesn't appreciate the love and care I show.

   **Done deliberately:** Implies that the child is choosing not to eat dinner out of spite and understands the work it took to make the food.

   **Wrong:** Implies that the son is being disobedient, willful, manipulative.

3. *"My wife can't be bothered to turn off the lights when she leaves a room because I pay all the bills and she doesn't care how much money I have to spend on the electricity bill each month."*

   **Harm:** I'm being driven to the poor house.

   **Done deliberately:** Implies that the wife is aware of the situation, but doesn't turn off the lights because she doesn't care how much it costs.

   **Wrong:** Implies that the wife is taking advantage of her husband who has to earn all the money to support them.

In general, anger-triggering thoughts assume that a person is being deliberately, wrongly harmed or victimized, and that the person who provoked the discomfort should change or fix the situation so that the pain will stop. The problem with this reasoning is that it leaves the person exhibiting anger feeling helpless and stuck, waiting for the other person to change. Many people get caught in this kind of anger-helplessness-anger cycle, which only increases resentment.

The solution is to be assertive, proactive, and to take responsibility for one's discomfort and speak directly to the other person, communicating clearly and without blame, how you feel. When we take responsibility for our own feelings and ask for help, it opens up new ways to solve problems. Blame does not produce change.

Additionally, specific anger-triggering themes distort our perception of others. These themes bias our opinions of others and can lead to anger. Examples of commonly held anger-triggering themes include:

- People expect too much from me.
- People take advantage whenever they can.
- Most people are stupid and selfish.
- All men/women cheat.
- People are lazy and won't help unless they are forced to.
- Most people try to manipulate or control.
- Most people are unfair.
- People shame, blame, and criticize.
- People ignore my needs or do not understand me.
- People do not usually do the right thing in most situations.
- People don't care about anyone else but themselves.

  (McKay & Rogers, 2000)

The antidote is to help clients evaluate these assumptions and ask them to consider "What if these anger-triggering themes are incorrect? What if other people are doing the best that they can, given their own needs, history, circumstances, knowledge, skills, and physical, emotional, and intellectual limitations? What if other people are using the only methods they know in order to take care of themselves and survive?"

**Client Homework Assignment:**

Have clients write down their own anger-triggering themes. Then have them explore and write about how the triggering behaviors of others may actually represent the person's best coping abilities in their particular circumstances.

### 4. Anger Distortions

Distorted cognitions often increase feelings of anger. The following section speaks to five major categories of anger distortions, and alternative, helpful, coping thoughts to reframe these distortions. (McKay & Rogers, 2000):

### a. Blaming

*Blaming* is one of the most self-destructive and damaging of anger distortions. It moves responsibility for one's own feelings to someone else. Sometimes it assumes that the other person is intentionally harming or wronging you. Blaming causes a defensive reaction, perhaps more anger, resentment, resistance, or withdrawal.

Blaming often freezes a conflictual situation in place, leaving no room for a solution, so that a blamer subverts his or her own power to change the bothersome situation, blaming and waiting for the other person to change. Blaming involves judgment and almost always escalates anger.

Examples of blaming statements include:

- You don't pay attention to me and that's why you never know what to buy me for my birthday.
- I could enjoy this trip if it weren't for your constant complaining.
- You take forever to get ready and always make me late.

When resorting to blame, the focus is on changing the other person. This short-circuits the possibility of problem solving. If blame is replaced by curiosity and understanding, the door to problem resolution opens.

Examples of coping thoughts that can replace blaming statements include:

- I don't approve of what s/he is doing, but I know that it is the best s/he can do right now.
- I wonder what is making him/her so unhappy, or if there's anything I can do to help.
- I wonder what I can do to change the situation and take better care of myself?

**b. Catastrophizing**

*Catastrophizing* is a future-oriented distortion in which one imagines a situation will become the worst possible scenario.

Examples of catastrophizing statements include:

- My reputation has been ruined forever!
- Because of what she did, the project is a complete mess, and I will lose my job for sure!
- I can never show my face again in public after the scene my child created with his tantrum!

Helping clients to recognize when they are catastrophizing and inviting them to make more realistic appraisals of situations is an important intervention. Clients are taught to ask themselves, "How bad is it, in reality?" Assessing one's word choices to more accurately describe the event is also helpful. For instance, maybe the event was not "the last time I'll ever be able to show my face," but rather, "embarrassing and uncomfortable for awhile."

Examples of coping thoughts to substitute for catastrophizing thoughts include:

- This may be painful to get through, but I have been through worse things and survived it.

- It is not the end of the world even if it feels that way right now. I'll figure it out, like I always do.
- This too shall pass, and I will be able to get back on the right track again.

### c. Inflammatory Global Labeling

*Inflammatory global labeling* refers to making broad, negative, and usually inflammatory judgments about oneself or others. Rather than focusing on behavior, inflammatory global-labeling attacks character by labeling it with one-word epithets, e.g., "moron," "loser," "slut," bastard," or "bitch." Sometimes these global labels are racial, ethnic, or religious slurs. Global labeling fuels anger by objectifying, turning a person into a "thing" and reducing the totality of a person's identity into a single, negative, character trait.

Examples of inflammatory global labeling include:

- My girlfriend is nothing but a bitch!
- My boyfriend is a complete idiot!
- The boss is totally a jerk!

One way to control global labeling is to coach clients to be specific when describing the triggering behaviors of others. By describing the behavior, rather than characterizing the other, harsh judgments about personalities or identities are avoided.

Examples of more realistic thoughts to replace inflammatory global labeling include:

- He is not really a total loser, just someone who did not get the proper training to do his job.
- She made a mistake; that doesn't make her a total failure.
- Maybe he's not a jerk, maybe he's having a bad day. I have had bad days too, and have done some things I've later regretted.

### d. Jumping to Conclusions

*Jumping to conclusions* makes assumptions based on inadequate information. Instead of considering all of the information, one assumes or "mind reads" based on limited or misinterpreted information. These misattributions then play out behaviorally;
because of the misunderstanding, anger escalates.

Examples of jumping to conclusions include:

- I saw her talk to that guy; she's going to leave me.
- The boss had an angry look on his face when he walked by me this morning; it's only a matter of time before the axe falls on me.
- He's late; I'm always being abandoned.

To avoid jumping to conclusions, clients are helped to slow down and test the validity of the thoughts by checking them out with the other person or gathering other relevant information, such as asking a friend about their take on the situation. Another technique to defuse the power of jumping to conclusions is getting into the habit of challenging yourself to come up with three possible alternative explanations for another person's behavior. Brainstorming can be helpful in combating misattributions.

Examples of coping thoughts to use to replace jumping to conclusions include:

- There could be many other meanings to what I saw.
- I can really only know the motives behind other people's actions by asking them.
- He's late, but he's been late before. Maybe it was that traffic bottleneck again.

**e. Overgeneralizing**

Problems can feel larger than they are if we use all-or-nothing language or *overgeneralization* to describe them. All-or-nothing words include "always", "never", "ever," "everybody", or "nobody". Using these words generalizes an event and turns it into "all" people in "all" situations. Overgeneralizations exaggerate and turn momentary unhappiness or displeasure into dark and negative moods.

Examples of overgeneralization include:

- Everybody always takes advantage of me.
- I always end up looking stupid (foolish, nerdy, etc.).
- No matter where I go, nobody ever cares about me.

Overgeneralizations are defeated by finding exceptions and by challenging the absolute certainty of the language. Therapists can coach their clients to use more accurate and more specific descriptions of the situation.

Examples of coping thoughts to use to replace overgeneralizations include:

- Sometimes people can act in selfish ways.
- I made a mistake, but there are many situations where I've performed really well.
- There are plenty of people in my life that care about me, not everyone is going to be my best friend.

**5. Positive vs. Negative Self-Talk**

Cognitive-Behavioral theorists point out that sometimes people engage in an internal monologue called "self-talk" a process in which they are often unaware. Self-talk creates perceptions of events and either helps us to think through a situation, or hurts us with distorted thinking that only increases our pain or fear.

Below is a self-talk anger management exercise:

## SELF-TALK

Negative self-talk

Negative self-talk occurs when our emotions do the thinking for us. It is similar to what AA calls "stinking thinking." Fear often causes negative self-talk, which is expressed as anger in our actions. When we come across someone who uses poor anger management skills, our own negative self-talk about that person can trigger our own anger or hostility.

The following are examples of negative self-talk:

- If I let them get away with that I'll be a wimp!
- She thinks she's better than me!
- He doesn't care about me at all!
- Once again I'm proving that I'm incompetent!
- I'll show them!
- I won't back down!
- This is my lane and my right-of-way and no jackass can take it away from me!
- He did that on purpose just to make me mad!
- This is just another example of why I deserve to be treated poorly!

Positive Self-talk

Positive self-talk helps us to think about alternative ways of understanding circumstances. Positive self-talk can slow us down enough so that we can think about the validity of the negative self-talk, and alter it to find constructive ways of coping. It can help stop angry feelings from escalating.

The following are examples of positive self-talk:

- I can stay in control of myself even when the other person is out of control.
- I don't have to prove myself to this person.
- I can take a time-out.
- I don't have to win this argument.
- I've survived many difficult times – I'll get through this.
- I don't need to feel threatened by this person.
- I can take some deep breaths and calm down.
- This is not worth the hassle.

### Case Vignette

Linda and John are invited to attend a family member's wedding, a large, luxurious social event. Linda buys what she thinks is a beautiful outfit for the wedding, especially given how lavish the wedding will be. John has often remarked that he wants Linda to "look good" in public because he is "proud" to be with her. However, when John sees Linda's dress, he becomes angry about how much her dress cost.

Linda has several choices about how to respond. She can become angry herself and argue with him. She can respond passive-aggressively by lying and saying that she didn't realize how expensive the outfit was until the sales clerk gave her the bill, and then she felt obligated to go ahead with the purchase. She could storm out of the room in a huff, which will leave both of them feeling even angrier.

Another response is to make a content-to-process shift, which changes the focus of the interaction from the issue (content) to the quality of the interaction or one's feelings about the interaction (process). The shift from content/issue to process can help to prevent a discussion from escalating into a full-blown argument and allows the real issues that underlie the conflict to surface.

In this scenario, a shift from content-to-process might sound like, "John, my intent was to look good for you, and I can see you're upset by the amount of money I spent. Now I'm feeling hurt and attacked when all I wanted to do was please you. Can we talk about what we should do now?"

## 6. Rational Emotive Behavioral Therapy's A-B-C-D-E Model

Rational Emotive Behavioral Therapy's "A-B-C-D" model is another form of cognitive restructuring, originally developed by Albert Ellis (1979; Ellis & Harper, 1975). This model is based on the following A-B-C-D-E acronym:

**A: Activating Event**
**B: Belief System**
**C: Consequences**
**D: Dispute or Debate**
**E: Effects of Disputing**

In this model, "A" stands for an activating event, or what some people refer to as the "red-flag situation" that sets off a chain reaction of thoughts and feelings.

"B" represents the beliefs about the activating event; it is, essentially, our self-talk. Beliefs that underlie anger often include words such as "should" and "must."

"C" stands for the emotional consequences of the beliefs, the feelings that arise in response to our interpretations of the activating event. Thus, according to Ellis, it is not the events themselves that produce feelings such as anger; it is our interpretations, perceptions, and beliefs about the event.

The "D" stands for dispute or debate. Here we challenge the belief and dispute or debate it using a more rational or realistic perspective.

The "E" standing for Effects, as in "noting the effects of the disputing on the emotion".

Let's take, for example, a man who loses his job. As a result of the job loss, the man

falls into a depression and comes to see Albert Ellis because he is depressed. In assessing the man, Ellis discovers he has lost his job. But Ellis knows that feelings are caused not by the things that happen to us, but by our thoughts about the things. Rather than concluding that the job loss caused the depression, Ellis slows down the process and begins to inquire about the belief system or values of the man in relation to the job loss. The man tells him that at his age, he's not sure he'll ever get a job, and besides that, it's a tough economy and he won't get a good recommendation from his previous employer. Now Ellis begins to understand that the man is depressed not as a result of the job loss, but because of the distorted thoughts and negative self-talk which have left him feeling hopeless.

In treatment, Ellis challenges his depressed client to also consider other possibilities for his job future. The man talks about his years of experience in the field, previous times he has been out of work and found jobs, and how his business tends to be pretty recession-proof. After fleshing out a full disputation of the beliefs, Ellis then asks the client how he is feeling (noting the effects of the disputing), and not surprisingly, the man says he feels more hopeful. He tells Ellis that he'll pay the fee when he gets a new job. Now Ellis starts to feel depressed.

For people with anger management problems, irrational beliefs can escalate anger to a "10" on the Anger Scale, thereby creating negative consequences. It is easier in the long run to change one's perspective by disputing beliefs and creating a more adaptive internal dialogue.

(*Based on the work of Albert Ellis, 1979, and Albert Ellis and R.A. Harper, 1975.)

**7. Thought stopping**

Thought stopping is an immediate and direct technique to help clients manage beliefs that trigger anger. Most of us, regardless of whether we view our beliefs as maladaptive, understand that our anger is often caused by distorted beliefs, especially if we ruminate on such thoughts.

There are a number of ways that thought stopping can be used. Some clients may find it useful to tell themselves, through a series of self-talk statements, to stop thinking the thoughts that are escalating their anger (McKay & Rogers, 2000). For instance, clients might tell themselves: "I need to stop thinking these thoughts right now. Otherwise, I will only create problems for myself"; or "I don't have to buy into this situation"; or "Don't go there, or you'll make things worse."

Some clients benefit from shouting the word, "Stop" when an intrusive thought starts up again. With persistence, many people find that the periods between the intrusive, negative thoughts becomes longer and longer. Other clients may be more visually oriented, and they might imagine a stop sign coming closer and closer and when it is right in front of them, the thought is required to obey the sign and stop. Here too, consistent, persistent application of the thought stopping increases the periods of time between problematic thoughts, until the process and banishment become second nature.

In contrast to the A-B-C-D Model, in which clients dispute their thoughts and beliefs, the goal of thought stopping is to stop and gain control of angry cognitions before they escalate. Thought stopping is a form of mind training or self-hypnosis.

**Client Homework Assignment**

Tell a client to notice the next time they are in an angry or irritable mood and to slow down and see if they can notice the underlying thought that may have triggered the mood.

Have the client record two or more irrational beliefs.

Next, applying the A-B-C-D Model, instruct the client to practice disputing these beliefs.

Finally, have your client practice the thought-stopping technique at least once a day.

Review these homework assignments at the next session.

## F. Anger Management Contracts

Anger management contracts can be used to help clients make a commitment not to act out their anger. Using a contract, clients commit to themselves and to the important people in their lives that they will not behave in an aggressive manner. Contracts are time-limited and specific. Some clients can commit to several days, others can commit to 24 hours, but when the agreed-upon period is up, another contract may be initiated.

Anger management contracts should fit the needs of each client, so keep in mind that the two sample contracts below are generic and should be modified to fit each client. The first agreement is a brief version, and the second contract is more detailed and includes a specific treatment plan. Therapists and their clients may decide to personalize the title of the contracts, e.g., "Commitment to Act Calmly Contract", "Increasing the Peace Agreement", "No-Hostility Contract", etc.

**Anger Management Contract** (Brief Version)

I, _____promise to act in a calm and non-aggressive way, no matter what anger-provoking situation may occur, for the following period of time: _____ _____.

Signature and date:_____

Witness Signature and date: _____

**Anger Management Contract** (Detailed Version)

I, _____promise to act in a calm and non-aggressive way, no matter what anger-provoking situation may occur, for the following period of time _____ _____.

I also agree to take good care of myself by doing the following:

- Get sufficient sleep.
- Eat on a regular basis.
- Get sufficient exercise.

I agree to see my therapist as often as s/he thinks is necessary. My next appointment has been scheduled for:_____ _____.

I agree to see my psychiatrist as often as s/he deems necessary and take any prescribed medications according to what my doctor says. My therapist has given me referrals to the following psychiatrists (or I agree to continue to see my current psychiatrist):_____

_____

Signature of Client:_____ Date:_____

Signature of Witness:_____ Date:_____

Describe any additions to this contract:

## VI. MINDFULNESS SKILLS

### A. Introduction

There has been an increase of professional interest among Western clinical psychotherapists in mindfulness-based approaches (also referred to as core mindfulness) as a non-pharmacological means of dealing with anger, anxiety, stress, physical pain, and depression. Mindfulness draws, in part, from Buddhism and philosophy, as reflected in the work of Thich Nhat Hanh, Mark Epstein, John Welwood, Jack Kornfield, Jon Kabat-Zinn, and others; experiential psychotherapy (Carl Rogers, 1961; Greenberg, 2002); and behavioral therapy (Hayes, Barnes-Holmes, and Roche, 2001).

Currently, the four most popular mindfulness-based treatment approaches include:

- ***Marsha Linehan's Dialectical Behavior Therapy (DBT)*** (1993a, 1993b), a psychosocial treatment approach which has become a preferred method of treatment for Borderline Personality Disorder, and self-injurious clients. DBT is also used for affect regulation in general. DBT's core mindfulness skills utilize aspects of Buddhism and philosophy.

- ***Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR)*** program (1990; 1994), an 8 to 10-week mindfulness training course with various applications to both physical health and mental well-being.

- ***Mindfulness-Based Cognitive Therapy (MBCT)*** based on the work of Segal, Williams & Teasdale (2002), applies Mindfulness-Based Stress Reduction (MBSR) to cognitive therapy and depression, which teaches clients to observe their thoughts.

- ***Acceptance and Commitment Therapy (ACT)*** (Hayes, Strosahl, et al., 1999; Hayes, Strosahl, & Houts, 2005), which encourages clients to accept, instead of attempting to control, unpleasant, painful, or conflictual feelings and sensations.

A basic premise of mindfulness, as applied to anger management, is that efforts to suppress anger are usually futile and may actually increase feelings of anger. In contrast, mindfulness-based approaches suggest cultivating a compassionate, present-moment awareness and acceptance of thoughts and feelings. This here-and-now awareness helps to decrease reactivity and encourages simple observation of feelings and thoughts, without judging them.

Mindfulness recognizes that anger and other difficult emotions are a natural part of the human condition. By bringing a gentle awareness and acceptance to these experiences, we can learn about ourselves and the nature of our anger. Core mindfulness, in Marsha Linehan's view, is "learning to be in control of your own mind, instead of letting your mind be in control of you," (p. 65, Skills Training Manual for Treating Borderline Personality Disorder).

Although the term "mindfulness" is often used interchangeably with breath-awareness and other meditative practices, these forms of mindfulness represent only one aspect of this richly intricate and varied practice. Mindfulness can be practiced in an informal or formal way. *Informal mindfulness* means using mindfulness techniques as tools when circumstances dictate, and includes focusing on breathing, listening to ambient sounds, or paying attention to one's bodily sensations. *Formal mindfulness* means a meditation or sitting practice, setting aside time each day for 20, 30, or 60-minutes of mediation, in which mindfulness can be allowed to deepen and become an integrated aspect of being, providing insight into the nature of mind and the causes of emotional pain, or in Buddhist terms, *the nature of suffering*.

## B. Dialectical Behavior Therapy's (DBT) Wise Mind Concept

Mindfulness practices are central to DBT (Linehan, 1993a; 1993b). DBT operationalizes core mindfulness practices, using specific behavioral skills taught to clients in individual or group settings. DBT's core mindfulness skills are intended to help develop a non-judgmental, present-moment awareness of oneself in relation to the environment, and attentional flexibility.

Underlying DBT's core mindfulness skills is the development of *wise mind*, a state centeredness in which rational thinking (*reasonable mind*) and emotions (*emotional mind*) are simply observed without reactivity or judgment, to produce a state of mind that is more than the sum of its parts (Gratz, Tull, and Wagner in Orsillo and Roemer, 2005). In the oft-quoted line of the Rumi poem, "Beyond right doing and wrong doing, there is a field. I'll meet you there." The concept of wise mind, a state beyond intellectual judgment and emotional reactivity, is that field.

In DBT, emotional mind is being controlled by your emotional state. In emotional mind, thinking is "hot" and our ability to think reasonably or logically is compromised. Facts are distorted or amplified to match the person's emotional state. Emotional mind is problematic because it produces impulsive reactivity.

In contrast, Reasonable mind is "cool" and deliberate, rational and logical. Reasonable mind attends to empirical facts. Reasonable mind is the product of learning, experience, and knowledge. And therein lies the rub: our "reasonableness" is limited and skewed by the particularities of our experience and learning, for better and for worse. In reasonable mind, there is a belief that one's "reasonableness" is actually "truth" or "objective reality", rather than seeing the multi-dimensional, subjective nature of how it is we decide what is objective.

Practicing core mindfulness brings about the ability to place attention where one wants it, rather than having it at the mercy of emotional reactivity or a particular value or belief system. This permits room for non-reactivity, room for the enormously difficult skill of "not doing".

Mindfulness-based approaches offer a template for relating to all experience—whether perceived as positive, negative, or neutral experiences—in such a way that overall reactivity, including anger, decreases and a sense of well-being is enhanced.

## C. Acceptance and Non-Judgment of Self and Others

Christopher Germer, co-author of the book, *Mindfulness and Psychotherapy* (2005), describes the concept of acceptance: "From the mindfulness perspective, *acceptance* refers to a willingness to let things be just as they are the moment, we become aware of them – accepting pleasurable and painful experiences as they arise" (p. 7). Acceptance does not mean we have to like a situation or indicate an endorsement of difficult behaviors. On the contrary, acceptance is seen as preceding behavior change. As Christensen and Jacobson write (2002, p. 11), "Change is the brother of acceptance, but it is the younger brother." Change happens, but only following acceptance.

In fact, a major part of Linehan's core mindfulness skills involve, *radical acceptance*, which she sees as the "most fundamental dialectic" of Dialectical Behavior Therapy. Linehan believes that therapists must radically accept their clients' behavior and their worlds—no matter how chaotic—without judgment, shaming, or blaming. Acceptance includes validating clients' emotional pain and sense of desperation.

Mindfulness in psychotherapy typically includes: (1) awareness (2) of present experience (3) with acceptance (Germer et al., 2005). These three elements appear in most of the discussions regarding mindfulness in both psychotherapy and the Buddhist literature (Bishop et al., 2004; Brown & Ryan, 2004; and Hayes & Feldman, 2004). Psychotherapists can use these three elements as an operational definition of mindfulness and as a benchmark to identify the application of mindfulness in psychotherapy.

Mindfulness focuses attention on the present moment, reducing anxiety by decreasing attachment to the past or future. With mindful awareness of the here-and-now, we neither judge nor reject that which is occurring in the present moment (Germer, Siegel, and Fulton, 2005). By becoming intentionally aware of our thoughts, emotions, and sensory experiences in the present moment, we begin to see both inner and outer aspects of reality. The increase in "inner reality" is awareness that the mind is continually giving commentary or judgment. By noticing that the mind is continually "chattering", we can detach from the "story line" and simply observe without having to react. When mindfulness is regularly practiced, this way of not reacting and not doing becomes habitual. We create a field for ourselves "beyond right doing and wrong doing" (Germer, Siegel, and Fulton, 2005).

In fact, it is this nonjudgmental attitude reduces depth and length of rumination, which in turn dissipated anger more quickly (Peters et al, 2015).

Mindfulness demystifies the magnetic power of thoughts and feelings, and teaches that "thoughts are just thoughts" and that "feelings are just feelings". They are not clarion calls to do something about them. As a consequence, we learn to observe life without getting caught up in the drama of our own commentary or judgment. Another way of thinking about it is to say that we release our attachment to automatic thoughts, beliefs, and reactions. Mindfulness teaches that emotions are fleeting and temporary, like passing clouds, and that the key to dealing with difficult emotions is to practice simply observing the cloud/thoughts until they have dissipated, changed shape, or moved out of our view.

DBT teaches several types of mindfulness practices; we will focus on two DBT mindfulness skills: (1) observing and (2) describing, and how these can be applied to anger management issues.

### 1. DBT's Mindfulness "What Skill" of Observing

The first "what skill" of observing means paying attention to whatever events, feelings, thoughts, and/or sensations are occurring in the present moment without labeling or judging them. This ability to observe requires that we step back from ourselves and our normal way of responding to thoughts, feelings, and sensations. This process is known as *Teflon Mind*, a reference to the non-stick cooking surface. Teflon Mind implies that the thoughts, feelings and sensations don't stick, and are allowed to move and change on their own. This diminishes rumination or obsessive thinking, and anger-provoking thoughts and feelings can simply drift away.

### 2. DBT's Mindfulness "What Skill" of Describing

The second mindfulness "what skill" involves describing events, experiences, and personal responses, and labeling our emotions, thoughts, and sensory experiences as "just an emotion" or "just a thought," rather than an accurate interpretation of reality or a call to action or engagement with the emotion or thought.

The ability to describe is essential for self-control, according to Linehan. Describing helps us to redirect thinking to the here-and-now. As we practice describing, we become clearer about what we are doing and what we want to do. Some describing practices include journaling, making lists, and especially, incorporating description and thought labeling into our meditative practices.

## D. Relaxation Techniques

### 1. Introduction

When we become stressed or angry, we become physiologically aroused (as

discussed previously in this material). While in this agitated state, anger-provoking events are likely to trigger an escalation.

Humans also have a relaxation response that can counteract their physiological stress response to anger-provoking events. It is physiologically impossible to be both agitated and relaxed at the same time. Clients can learn counter-conditioning to reduce their stress or anger by establishing an incompatible response (reciprocal inhibition).

Clients can learn to relax through a variety of methods, such as breathing-focused practices, progressive muscle relaxation, cue-controlled relaxation, or imagery and visualization. Relaxation techniques require practice and commitment. Practicing relaxation skills on a daily basis is the secret to success in times of physiological arousal.

## 2. Diaphragmatic Breathing

*Diaphragmatic breathing* can be used to bring about the relaxation response almost anytime: walking, driving, sitting, working, waiting for an appointment, etc. Below is a sample script that can be used either as is or modified to suit individual styles and needs. The key to the usefulness of such exercises is that they be practiced for 10-30 minutes daily.

### Diaphragmatic Breathing "Script":

*"Begin by sitting in a chair or lying down in a comfortable place. Close your eyes if you like, or just gaze at the floor. Take a few moments to get in a relaxed position. Now, bring your awareness to your breathing. Pay attention to your breath as you inhale slowly and deeply and as you exhale, slowly and fully. Notice your lungs expanding as you inhale and deflating as you exhale. Continue taking slow, deep breaths. Hold it for a second or two. Now release it and slowly exhale.*

*Notice whether you are breathing primarily into your chest or your stomach. Allow the breath to inflate your abdomen, and notice how your stomach is expanding and contracting as you breathe slowly and deeply. Place your hand on your abdomen to feel how it is rising and falling with each breath.*

*Continue breathing slowly and deeply for another few minutes. With each inhalation and exhalation, feel your body becoming more and more relaxed. Use your breathing to let go of and wash away any remaining tension.*

*Now take another deep breath. Inhale fully, hold it for a second, and slowly release the breath. Perhaps your breath feels warm and moist. Or perhaps it feels cool as you inhale and exhale. Inhale again, hold for a few seconds, and then slowly release. Focus on your breath as it fills your lungs. One last time, inhale fully, hold it, and then slowly release. When you feel ready, begin to open your eyes."*

After practicing the breathing exercise in session with clients, discuss their experience with them. Did they notice any new sensations while they were breathing? Was it difficult or easy to slow down and focus? How do they feel now that they have done the breathing exercise?

This breathing exercise can be shortened to just three or four deep inhalations and exhalations. Even a few slow, conscious breaths can stimulate the relaxation response. In order to make relaxation breathing an effective technique, it is important to practice it regularly and in a variety of situations.

### 3. Cue-Controlled Relaxation

*Cue-controlled relaxation* uses a personalized cue word or a short phrase, paired with a relaxation response. This process helps to induce a state of deep relaxation rather quickly by repeating the cue phrase or word, to oneself or out loud.

Common cue words or phrases include: "let go," "release," "breathe," "calm," and "peace." A phrase that evokes a personal memory of peacefulness can also be effective.

The cue word or phrase acts as an anchor point to focus attention on breathing. With each inhale, the client repeats the cue word or phrase, relaxing the entire body with each breath.

Clients should practice this technique several times a day to develop an automatic response pattern. Cue-controlled relaxation is particularly helpful in situations of sudden stress or anger.

### 4. Progressive Muscle Relaxation

*Progressive muscle relaxation* is also based on the concept of counter-conditioning or reciprocal inhibition, the idea that we cannot be tense and relaxed at the same time. Progressive muscle relaxation is also beneficial as a body-focusing exercise, to begin to recognize and then let go of stress and muscular tension. Our bodies store emotion in the form of muscular tension; tapping into it on a conscious level helps us to be in control of it.

The basic principle of progressive muscle relaxation is to bring about the experience of tension in the muscles, to hold the tension for a few seconds, and then release it, focusing on one set of muscles at a time.

Below is a sample script of a progressive muscle relaxation exercise.

#### Progressive Relaxation Script

*"You can do this exercise either sitting on a chair or couch, or lying down on a couch, bed, or the floor. Take a moment to settle into a comfortable position. Now, close your eyes, or just gaze at the floor. Take a moment to allow your body to feel a*

*comfortable heaviness as you become aware of how you are being supported by the sitting or lying surface. Begin to pay attention to your breathing. Take a slow breath in, and hold it for a few seconds. Then exhale slowly and completely. Take another slow breath in, filling your lungs. Release and exhale slowly through your mouth or nose.*

*As you continue to breathe slowly in this way, I want you to tighten the muscles of your feet and hold that tension for a few seconds. Curl your toes, scrunch your feet, hold those foot muscles tense and now…..just allow your feet to relax. Continue to breathe slowly and easily, and once again tighten the muscles of your feet as you did a moment ago, and again hold the tension for a few seconds. Then release the tension once again as you continue to breathe slowly and easily. Notice the feelings in your feet.*

*Next, bring your attention to your legs. Tighten the muscles of your legs, feeling the tension in your upper thighs and calves, both the fronts and the backs, and hold that tension for a few seconds. Now relax the muscles of your legs slowly. Continue to breathe slowly and easily. Now, once again, tighten the muscles of your legs and hold it for a few seconds before again releasing the tension. Take a moment to notice the feeling in your legs as a result of tensing the muscles and then releasing the tension.*

*Now move your attention to your stomach and pelvic region. Tighten the muscles of your stomach and pelvis or hip muscles, and hold the tension for a few seconds. Now let the muscles relax. Remember to breathe easily and slowly, and then once again, tighten the muscles of your stomach and pelvis, groin, and lower back, and hold the tension for a few seconds. Then release the tension. Do this a few more times on your own, noticing the progressive, more deeply felt relaxation each time you release the tension.*

*As you continue to breathe easily and slowly, bring awareness to your hands. Clench your hands into tight fists and hold it, hold it, hold it, just for a few seconds before releasing the tension and letting your hands completely relax. Once again, clench your hands into fists and hold for a few seconds, before once again releasing the tension. Imagine in your mind's eye that all of the tension in your hands is slowly emptying out your fingertips. Notice the difference between the tension of your hands and the sensation of feeling relaxed.*
*Next bring your attention to your arms. Tense your fists, forearms, and biceps and hold for a few moments before slowly releasing it. And again, repeat this process of tightening and then relaxing your arms several times. Feel the tension drain out of your arms. Imagine that all of the tension is draining from your arms and leaving your body through your fingertips. Continue to breathe easily and slowly. Notice the greater sense of relaxation in your arms, hands, stomach, pelvis, legs, and feet.*

*Now lift your shoulders upward toward your ears and hold your shoulders in this position for a few moments before gently lowering them. Once again, raise your shoulders, hold the tension for a few seconds, and then slowly release. Let the tension flow from your shoulders, down your arms to your hands and fingers.*

*Imagine that all of the tension is draining from your shoulders, through your arms and out your fingertips and that all the tension in your body is flowing like a vapor out of your body through your fingertips. Notice the feelings in your body now, and the sensation of feeling relaxed.*

*Now, bring your awareness to your neck and face. Tense the muscles of your neck, jaw, and forehead by making a face. Hold this tension for a second or two, and then release it. Relax all the muscles of your neck and face. Once again, tense all the muscles in your neck and face and hold for a moment. Then slowly release. Let your eyes relax, almost as if they were sinking gently into the back of your head. Relax your jaw and your throat and all the muscles around your ears. Feel all the tension draining away from your face and neck.*

*Now just sit quietly for a few moments. Scan your body for any tension and wherever you notice it, just let it go. Notice the feelings and sensations when your body feels relaxed from head to toe.*

*When you are ready, slowly open your eyes."*

After practicing this progressive muscle relaxation exercise in session with clients, you might prompt a conversation about what the experience was like for them. Did they notice any new sensations while they were relaxing their muscles? Was it difficult to stay focused, to sit quietly? Did their experience change during the course of the exercise? How do they feel now that they have done this exercise?

As with all relaxation exercises, it is important that clients practice progressive muscle relaxation regularly so that it can be an important part of their stress/relaxation response.

**5. Relaxation and Anger Management Imagery**

Another tool to cope with stressful and anger-provoking events is *relaxation imagery* or *anger management imagery*. The purpose of imagery, such as imagining a peaceful scene, is to visualize in as much detail as possible, a place or a setting that evokes safety and peace. The scene could be a favorite childhood memory, an image from a favorite vacation such as a cabin in the mountains or a remote beach, or something entirely from one's imagination.

Clients create their own personal relaxation/anger management image, typically as part of a dialogue process with the psychotherapist, by focusing on their senses to enhance the visualization process. Special attention should be given to how the image looks, sounds, smells, and feels. These images can also be described in writing or through artwork. Some people may want to bring in photos or images taken from magazines or travel brochures to inspire and create more detailed visual images.

The image can also be paired with a relaxation breathing technique. Listening to music can enhance the process. The imagery can be practiced in 10 – 20 minute increments or can simply be utilized in any stressful situation to counter the stress.

As with the cue-controlled relaxation technique, relaxation/anger management imagery can serve as an anchor in stressful situations by bringing attention to the peaceful image.

### E. Self-Love vs. Self-Control: The HEALS Model

Steven Stosny, Ph.D., founder of the CompassionPower program (www.compassionpower.com), and a prolific writer on anger and relationships, theorizes that although most anger management programs use Cognitive-Behavioral approaches, developing self-love and compassion for self and others is much more effective than self-control approaches ("The Lion Tamer," Psychology Today Magazine, Jul/Aug 2005). Stosny believes that people with anger problems become so angry so quickly that they cannot utilize Cognitive-Behavioral techniques. His model, HEALS, addresses this:

**H: (Heals)** At the first sign of anger, visualize the word "heals" in their mind. If the anger is about someone, visualize the other person with the word "heals" on his/her face.

**E: (Explain)** State the "deepest core hurt" that underlies the anger. Examples of this deep core hurt may include feeling powerless, ashamed, or unlovable.

**A: (Access)** The third step is to "access your core value." Identify what makes life worth living,

**L: (Love)** The next step is to "love yourself."

**S: (Solve)** The last step is to "solve the problem."

Stosny prescribes 750 repetitions of this HEALS practice over a 4-to-6-week period, in order to "condition this core value experience to occur within the arousal itself," ("The Lion Tamer," Psychology Today Magazine, Jul/Aug 2005, p. 58).

## VII. ALTERNATE ANGER MANAGEMENT STRATEGY

In addition to mindfulness skills to manage anger, there are other approaches that might suit a client better. One in particular comes from Social Cognitive Theory (SCT). Within this framework group anger management sessions and Leadership Implementation Training (LIT) have had positive results for youth in need of anger management.

In SCT, there is an agentic perspective that emphasizes the relationship between a person and their environment. That is, individuals actively shape the environment around them to suit their needs and the needs of others. Using this model with an emphasis on leadership skills, Burt et al. (2013) found a significant decrease in

aggressive behaviors in youth after 10 group anger management sessions. This is accomplished, in part, by focusing on strengths rather than weaknesses and positive praise from adult mental health professionals. The use of these strategies leads to increased feelings of self-competency and leadership, which in turn decreases aggression.

## VIII. ADAPTIVE ALTERNATIVES FOR EXPRESSING ANGER

### A. Assertiveness Training

Assertiveness training is an important part of learning to resolve interpersonal conflicts. People with anger management issues tend to react to conflict with aggressive behavior when feeling disrespected, hurt, threatened, or otherwise violated (McKay & Rogers, 2000). The underlying message of aggressive behavior is that my feelings, thoughts, and actions are more important than yours (Reilly & Shopshire, 2002).

An opposite behavior is behaving in a nonassertive or passive way. Passivity or non-assertiveness fails to express needs or expresses them in a way that suggests they can be discounted or disregarded (Reilly & Shopshire, 2002). Acting passively leads to resentment and self-recrimination for not standing up for one's rights. The underlying message of passivity is that the other person's feelings, thoughts, and actions are important, but mine are not.

In contrast to this, we can be interpersonally effective and get our needs met by asserting feelings and needs directly and congruently. The underlying message of assertiveness is my feelings, thoughts, and actions are important, but I want to be respectful because your feelings, thoughts, and behaviors are important, also (McKay & Rogers, 2000).

The *Conflict Resolution Model* (Reilly & Shopshire, 2002), which will be presented in the next section, offers a more detailed approach to assertiveness training.

**Case Vignette**

Reg and Loraine have three adolescent children, and they frequently disagree about how to parent them. Reg is generally much stricter than Lorraine, and the children try to pit one parent against the other. The children are actually doing very well at school and at home. Their family therapist has been working with Reg to decrease his tendency to over-parent the adolescent children, and to help Lorraine respond in more assertive ways.

For example, Reg recently told Lorraine, "Reminding the kids they were 15 minutes late and then kissing them goodnight is a dumb way to deal with the situation. They'll never learn self-discipline and never learn to be responsible with that kind of parenting. I'm going to go in there and lay down the law."

Lorraine can respond to Reg's remark by reacting angrily, "Oh great, Mr. Tough Guy. Here we go again with the 'spare the rod spoil the child' stuff." This will likely result in a huge argument. Or, Lorraine could respond passively by simply stepping aside to avoid conflict and letting Reg discipline the children despite her disagreement with his style. Another passive approach would be for Reg and Lorraine to triangulate the

children into the middle of their conflict; then the children could be part of an even larger, more volatile argument.

In handling the situation using an assertive preference statement, Lorraine might say, "Reg, I hear that you disagree with how I'm handling the situation, but I'm their parent too. I was the one to greet them when they came through the door, and I would prefer that this time, my style of parenting be honored.

Making an assertive preference is an effective way of acknowledging the other person's criticism, while also disagreeing with it. One can disagree in a respectful way without giving a lengthy explanation or rationale for his/her decision. This technique of assertive preference is empowering, as it assumes that there is equal power between both parties involved in the situation.

## B. The Conflict Resolution Model

One method of interpersonal conflict resolution is the Conflict Resolution Model, which involves five easily memorized steps (Reilly & Shopshire, 2002):

1. Identify the problem causing the conflict.
2. Identify the feelings related to the conflict.
3. Identify the specific impact or outcome of the problem.
4. Decide whether or not to resolve the conflict.
5. Work to resolve the conflict

In order to identify the problem that is causing the conflict, it is important to be specific and identify the problem clearly and objectively. For example, the problem might be stated, "Tom was running late this morning."

The second step is identifying the feelings that are associated with the conflict. In this scenario that might be, "I'm feeling irritated, frustrated, disrespected, or taken for granted."

The third step is to identify the specific impact or outcome of the problem. In this scenario, the impact is, perhaps, "I'm afraid I will be late for work."
The fourth step is to decide whether to resolve the conflict or to let it go. In other words, "Is the issue important enough to talk about? If I do not try to resolve this conflict, will it lead to feelings of resentment?" If it is decided that the conflict is important enough to discuss, then the fifth step is necessary.

The fifth step is to resolve the conflict. This might involve checking with the other person to find time to work on the conflict, and if there is time to do so, use assertiveness skills.

**Case Vignette: The Conflict Resolution Model**

Joe: "Hey, Sue, I'm sorry that I'm late."

Sue: "Hi, Joe. Can I talk to you about that for a moment?"

Joe: "Yeah. What's wrong?"

Sue: "Joe, I've noticed that you've been late for the last few days this week (*Step One: Identifying the problem*). This morning I realized that I was starting to feel irritated and a bit taken advantage of (*Step Two: Identifying the feelings associated with the conflict*).

Joe: "I am sorry, Sue. I really do appreciate that you pick me up for work."

Sue: "Joe, when you are late, we are both late for work, and that makes me feel nervous (*Step Three: Identify the specific impact or outcome of the problem*). I like to be on time in the morning (*Step 4: Decide whether to resolve the conflict)*. I'm wondering if you can make an effort to be on time the rest of this week (*Step Five: Resolve the conflict)*.

Joe: "Sue, I didn't realize how upset you were about all this. I apologize for being late, and I promise to be on time in the future."

Of course, Joe could have discounted Sue's feelings or responded defensively by accusing Sue of "making a big deal out of nothing." However, the Conflict Resolution Model is useful even if the conflict is not ultimately resolved, since people usually feel better about trying to resolve a conflict in an assertive manner rather than acting passively or aggressively (Reilly & Shopshire, 2002). Thus, people may feel that they have done all that they could do to try to resolve the conflict.

In this scenario, if Sue decided not to give Joe a ride to work in the future, or if Sue decided to end her friendship with Joe, she could choose to do so knowing that she first tried to resolve the problem in a fair and assertive manner.

In therapy sessions, it is helpful to have clients practice using the Conflict Resolution Model through role-playing (Reilly & Shopshire, 2002). The psychotherapist and client can also switch roles in the role-play scenarios for additional practice and insight.

The following are some possible topics for role-plays (Reilly & Shopshire, 2002):

- Dealing with a rude salesclerk
- Dealing with a family member who often disregards your feelings
- Dealing with a supervisor who ignores your feedback
- Dealing with a friend who does not return your calls

## IX. RAGEAHOLICS ANONYMOUS

### A. Introduction

There is a 12-Step recovery program that has been developed specifically for people with anger management problems, Rageaholics Anonymous, and a parallel group for family members and friends, Rage-Anon. The structure of the meetings follows the same format as all 12-Step programs, and they use the same principles and apply them to anger.

*Rageaholics Anonymous* (which can be found at www.rage-anon.org), is dedicated to helping people whose anger issues have come to dominate and impact their lives in destructive ways. Both Rageaholics Anonymous and Rage-anon utilize the traditional 12-Step approach and sponsor system, adapted to working with anger issues.

### B. Rageaholics Affirmations

These Rageaholic Affirmations are from the Rageaholics Anonymous website at www.rage-anon.org. Additional commentary has been written in italics.

1. **I will practice self-restraint as a top priority today.**

   *Although we can feel angry, we have choices about how to express the anger. For example, we may feel anger when a partner forgets to pay the charge-card bill and accrues a late fee, we can choose to practice self-restraint and not yell. In this way, we can be part of the solution and ask the partner how s/he can be more helpful in paying the bills on time for the next month.*

2. **When angry, I will act the opposite of how I feel.**

   *Instead of showing anger by speaking in a loud tone or using threatening facial expressions, we can take slow, deep breaths to calm down. We can choose to speak calmly even though we feel angry.*

3. **If I am feeling like my anger is about to erupt, I will QUIETLY leave the situation.**

   *During a time-out, we can choose activities to try to calm down, such as taking a walk, calling the Rageaholic sponsor, or listening to music.*

4. **I will find truth in all criticisms directed toward me today, especially from my partner.**

*This affirmation involves listening non-defensively to others and being open to their feedback and constructive criticism.*

**5. I will say, "You are right," in a sincere, meaningful way when criticized.**

*To better understand the meaning of this affirmation, we can ask ourselves: Do you want to be "right" – which makes your partner "wrong"? Do you need to be "right" and hurt or risk losing the relationship? Or, do you want to compromise with your partner and work on the relationship?*

**6. I will give an example of how the person who criticized me is right.**

*This shows that we are listening to the other person and respecting his/her feelings and opinions.*

**7. I will repeat this silently to myself: "I am better off being wrong, because when I am right, I am dangerous."**

*We can be emotionally and/or physically "dangerous" or hurtful with words and actions when angry. We can also harm our self-respect and dignity.*

**8. I will avoid explaining myself in any way by saying, "I have no idea why I did that…it doesn't make any sense to me either."**

*When we explain our actions we are justifying or making excuses and not taking responsibility for our behavior; this also implies that the other person's feelings are not important.*

**9. I will listen sympathetically to my partner when s/he tells me about his/her day. I will make eye contact and turn off the TV.**

*This affirmation points to the importance of genuinely listening to and complying with a partner's request, especially when the partner is trying to do something that is healthy for the relationship.*

**10. I will give no unsolicited advice to my spouse or children. I will also avoid asking, "Do you know what you should do?" Or "Do you know why that happened?"**

*Affirmation #10 refers to the use of "questions" that are used to manipulate. Also, unsolicited advice can be disguised and, in a passive-aggressive way, can be used to shame or make one person sound "better" or "smarter" than the other.*

**11. I will avoid blaming family members for anything today, especially if it was their fault.**

**12. I will avoid trying to make any family member "understand."**

*This affirmation alludes to the concept of trying to understand before being understood.*

**13. I will avoid trying to convince my child or spouse that I am being fair.**

*People can misuse the idea of being "fair" in order to manipulate others and convince them that they are "right."*

**14. I will look for an opportunity to praise everyone I live with, with sincerity, even the cat I don't like.**

*One positive affirmation is to commit to saying three positive things for every one negative comment about someone or something.*

**15. I will humbly commit myself to removing my angry behaviors today as my contribution toward a more peaceful world.**

*I will show kindness and respect every day to make the world a better place.*

## Client Homework Assignment:

Give 2 examples of how you will apply 2 different affirmations in your own life.

1. _____

_____

2. _____

_____

## X. CONCLUSION

Anger is an emotion we all experience. It is a response to a threat, whether physical or emotional, real or perceived. Clients entering therapy for assistance in managing their anger are likely to differ drastically in their management style. Passive responders will put the needs of others before their own; passive-aggressive responders will attempt to get their needs met utilizing manipulation; and aggressive responders may resort to physical, verbal and mental threats or violence. The goal of anger management is not to remove or repress the feeling of anger, but to help each client learn how to express anger in a healthy, assertive and appropriate manner.

With a variety of interventions and programs available that have proven effective in the management of anger, such as CBT, DBT, mindfulness, group leadership therapy, HEALS and Rageaholics Anonymous, clinicians can tailor a unique program to meet the needs of each client. As clinicians, conveying empathy and compassion for clients who have difficulty managing their anger, is a crucial first step. Educating them on the difference between anger, emotion, aggression, and behavior can begin to lay a foundation of understanding and hope, upon which clients can begin to learn new, healthier ways of engaging.

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