A Short Introduction to Anger Management

Abstract

Anger, fear, and sadness, for example, are normal emotions, which are often functional for the individual, but have the capacity to cause behaviours (aggression, avoidance, and withdrawal), which become a source of distress to the individual or others. [1]

Anger management methods are a common and successful feature of contemporary cognitive behavioural therapy. Meta-analyses and narrative reviews of the outcome of anger management have been broadly supportive of the view that it is an effective approach.

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Nandini Chakraborty FRCPsych
Leicestershire Partnership NHS Trust, Leicester

Nandini.chakravorty@nhs.net

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Primary Emotions

Emotions are a complex interplay in the human mind which influence our interactions with the world and with each other. Classifying emotions is not easy and several models have been proposed by various theorists. Theorists have conducted studies to determine which emotions are basic. Paul Ekman and his colleagues' cross-cultural study of 1992, proposed that there are six basic emotions: anger, disgust, fear, happiness, sadness, and surprise.[2] Robert Plutchik on the other hand concluded that there are eight primary emotions: anger, fear, sadness, disgust, surprise, anticipation, trust, and joy. Plutchik[3] proposes the primacy of these emotions by demonstrating each to be the trigger of behaviour with high survival value, such as a fight-or-flight response. At the cognitive level, anger is associated with excessive attention to anger-related stimuli and impulsivity. At the neural level, anger is associated with abnormal functioning of the amygdala and ventromedial prefrontal cortex.[4]

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Anger as a protective mechanism

According to Spielberger, Jacobs, Russell, and Crane [2] "Anger usually refers to an emotional state that consists of feelings that vary in intensity, from mild irritation or annoyance to intense fury and rage… While anger and hostility refer to feelings and attitudes, the concept of aggression generally implies destructive or punitive behaviour directed toward other persons or objects".

Rocco et al [5] explains that anger can be a complex emotional process which has both physiological and cognitive components. The physiological components include increased heart rate, blood pressure, muscle tension and release of adreno-cortical hormones which help the fight-flight response. In contrast to the emotion of fear which would induce a subject to avoid a harmful stimulus, anger causes the subject to try and attack. Hence it is an adaptive component of the survival process.

When anger becomes a problem

The heightened physiological processes which help a person to protect themselves can also become maladaptive. Chronic ongoing anger can cause coronary disease[6] and hypertension. [7] Rocco et al [5] further elaborates how the cognitive impact of anger can cause interpersonal conflicts, occupational maladjustments, compromise functioning and judgement in the way it influences the human mind to interpret events and situations. It is not conducive to problem-solving. Cognitive and reinforcement processes tend to elevate and justify anger, externalise the source of anger, decrease the person's sense of personal contribution and responsibility, strengthen situation, anger, behaviour, outcome linkages and, on occasion, support aggressive or other dysfunctional responses.

Managing anger: the emotion versus the behaviour

Due to the negative emotional impact of anger and its impact on functioning, research has focused on anger management for a long time. Majority of studies use cognitive behavioural therapy (CBT) as predominant therapeutic strategy for anger management. Some include rational emotive behaviour therapy, social skill training, and education on anger. CBT with problem-solving skill training, communication skill training, and self-instruction was found to be effective in reducing anger problems.[8] Commonly used therapeutic techniques include affective education, relaxation training, cognitive restructuring, problem-solving skills, social skills training, and conflict resolution.[9] Cognitive behavioural techniques attempt to intervene with cognitive, emotional, and physiological components of anger. [10] Anger treatments have consistently demonstrated at least moderate effectiveness among both non-clinical and psychiatric populations.[11]

A useful starting resource is on the NHS website [12] which gives simple pointers about the physical and mental symptoms of anger and some very helpful do's and don'ts.

Do's from the NHS:

- try to recognise when you start to feel angry so you can take steps to calm down as early as possible
- give yourself time to think before reacting – try counting to 10 and doing calming breathing exercises
- talk to people about what's making you angry – speak to someone who is not connected to the situation, such as a friend, a GP or a support group such as Samaritans
- exercise – activities such as running, walking, swimming and yoga can help you relax and reduce stress
- find out how to raise your self-esteem, including how to be more assertive
- consider peer support, where people use their experiences to help others. Find out more about peer support on the Mind website
- listen to free mental wellbeing audio guides
- try self-help cognitive behavioural therapy (CBT) techniques on the Every Mind Matters website to manage

unhelpful thoughts, reframe situations, solve problems and deal with stress

Don'ts

- do not try to do everything at once; set small targets you can easily achieve
- do not focus on things you cannot change. Focus your time and energy on helping yourself feel better
- try not to tell yourself that you're alone – most people feel angry sometimes and support is available
- try not to use alcohol, cigarettes, gambling or drugs to relieve anger – these can all contribute to poor mental health

In addition to self-help techniques there is help available in the NHS for professional help on a 1-1 or group setting if the emotion is getting out of hand and anger outbursts are ruling one's life.

Conclusion

Anger is a normal human reaction and considered a primary emotion which is part of the survival process leading to fight-flight responses. However, in the wrong context and intensity, anger can be harmful to both physical and mental health.[8] Human feelings could be irrational or rational based on the cognitive repertoire of the individual. The cognitive thought component will manifest in the behavioural component, showing reaction to events and situations. Thus, anger arousal situations are due to lack of reappraising potential emotion producing situations.[8] Managing anger can target both the emotion before it develops or at the early stages or focus on techniques to reduce the chances of an aggressive outburst. This includes increasing our self-esteem, learning to manage situations and stress before it leads to anger and recognising anger early to prevent it from developing further. There are aspects of dealing with both long term and immediate anger. The important point to remember though is that one does not have to suffer alone. It is important to identify when anger has become a problem in order to take specific steps against it, and further identify if professional help is needed.

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