

# CHAPTER 1

## What Are Anger Control Problems?

### Chapter Review

1. What are the five dimensions of anger mentioned in the chapter that have been used in conceptualizing, assessing, and treating anger control problems?

#### THE FIVE DIMENSIONS OF ANGER

1. The Emotional: Emotional Experience of Anger
2. The Physiological: Physiological Correlates of Anger
3. The Cognitive: Cognitions Associated with Anger
4. The Behavioral: Presence or Absence of Aggressive Behavior
5. The Situational: Whether and What Triggering Events

### The Five Dimensions of Anger (Expanded)

#### The Emotional—Emotional Experience of Anger

- For an anger control problem to be considered clinically significant, there should be evidence of episodic or chronic angry emotionality involving strong feelings or pervasive anger.

#### The Physiological—Physiological Correlates of Anger

- There should be evidence of direct or indirect anger-related physiological arousal—although its particular expression may differ from person to person.
- Examples of direct arousal include elevated heart rate, muscle tension, restlessness, agitation, and the like.
- Evidence of indirect anger-related arousal might involve headaches, bruxism, or other psychophysiological disorders.

## What Are Anger Control Problems?

### **The Cognitive—Cognitions Associated with Anger**

- Clients should evidence of significant cognitive involvement typical of anger.
- This may include beliefs that they have been treated unfairly, been violated, intentionally harmed, hurt, or neglected.
- It may include anger-related self-talk reflecting strong inflexible demands of oneself, others, or circumstances.
- It may involve internalized or externalized blaming, and/or labeling of persons, situations, and events that is highly negative and overgeneralized.
- Cognitive involvement may also take the form of angry ruminating, brooding, and/or imagining revenge or retaliation that is difficult to control.
- The person may believe that their feelings and reactions are appropriate and justified, or they may serve as a source of guilt or shame.

### **The Behavioral—Presence or Absence of Aggressive Behavior**

- The behavior used to express anger is also part of defining its clinical significance.
- Some persons may experience strong anger, but engage in no overtly aggressive behavior.
- Others may indirectly or passively aggress, or directly and overtly aggress on a continuum ranging from angry words to physical violence.

### **The Situational—Whether and What Triggering Events**

- Assessing the clinical significance of anger also involves consideration of whether and what types of events trigger it.
- Some persons' angry reactions are primarily situational; that is, they are responses to a specific situation (such as another person's driving behavior) or to a series of situations representing a common theme (such as feeling criticized, "talked down to," or challenged in some way).
- Others, however, may show a more generalized state of anger that occurs across many situations.
- Another broader consideration regarding triggering events is recognition that some angry reactions are precipitated by the presence of one or more psychosocial stressors (such as a job loss or relationship change) and may represent a change from the person's usual behavior—like an adjustment disorder as described in the DSM.
- Whereas other expressions of anger may occur in the absence of such stressors and may have long characterized the angry person's behavior.

### Key Point

In assessing the clinical significance of anger control problems using these five dimensions, the diagnostician assesses the quality of the emotional, physiological, cognitive, and behavioral expressions; their frequency, intensity, and duration; their appropriateness to the situation; and their consequences for the individual and individual's adaptation or functioning.

## Chapter Review Test Questions

1. John finds himself often getting angry with other drivers. The last time this happened, he described feeling "irate," his heart raced; and he thought that the other driver should not have been licensed to drive. Which dimension of anger discussed in the chapter is *missing* in this description of John's angry response to the other driver?
  - A. The behavioral
  - B. The cognitive
  - C. The emotional
  - D. The physiological

Answer: A

2. Joan and Jack were both angry about their friend's behavior and thought that it was insensitive. Joan talked with the friend, trying to explain the consequence of the behavior on others, and asked if he could be more sensitive to it. Jack stopped speaking to the friend, and declared to others that the person was now an ex-friend. On which dimension of anger does Joan's response to the friend's behavior differ from Jack's?
  - A. The behavioral
  - B. The cognitive
  - C. The emotional
  - D. The physiological

Answer: A

### Talking Points

*How is it useful to the therapist and client to conceptualize anger in the five-dimension manner discussed in the chapter?*

Several points could be made here, including the following:

- Because the dimensions correspond in part to specific client objectives and therapist interventions (e.g., relaxation for the physiological, cognitive restructuring

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for the cognitive, communication training for the behavioral) the rationale for treatment is clear.

- The dimensions also represent targets for therapeutic change, making response to treatment clearer to define and measure.
- Conceptualizing anger dimensionally affords the flexibility to tailor the treatment to the particular client's expression of anger.
- Conceptualizing anger from this perspective allows the clinician to work from the body of empirical work on anger and its treatment that has been based on this conceptual model; that is, it allows the therapist the opportunity to provide, and the client to receive, an evidence-based practice of psychotherapy.

## Chapter References

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revised). Washington, DC: American Psychiatric Association.
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- Eckhardt, C. I., & Deffenbacher, J. L. (1995). Diagnosis of anger disorders. In H. Kassirer (Ed.), *Anger disorders: Definition, diagnosis, and treatment* (pp. 27–47). Washington, DC: Taylor & Francis.