CHAPTER 1

What Are Anger Control Problems?

Defining Anger and Anger Control Problems

Unlike other mental health problems discussed in this series that represent diagnosable mental disorders, conceptualization and treatment planning for anger control problems is not facilitated greatly by diagnostic classification systems such as the DSM.

The DSM recognizes several disorders in which problematic affect or mood cause clinically significant distress, disability, or both. For example, anxiety disorders involve anxiety reactions and avoidance behavior that distress or disable. Depression involves sadness, loss of interest, and withdrawal that do the same. Yet, for those who react to situations with strong maladaptive anger, there is no parallel anger disorder.

Although DSM recognizes Intermittent Explosive Disorder, it is a rare condition characterized by aggressive episodes that are grossly out of proportion with the precipitating stressor and result in serious assaults on persons or objects. Many persons with anger control problems are not physically assaultive in this way, and some have generalized anger as the prominent issue.

Although the diagnosis of adjustment disorder with disturbance of mood and conduct captures many presentations of angry clients, it fails to capture those whose anger is not a specific response to a recent stressor or absent conduct issues.

Of course, features of anger can be found in Axis I clinical syndromes, including mood and psychotic disorders; in Axis II disorders such as borderline, antisocial, and narcissistic personality disorders; as well as in Axis III conditions, such as hypertension and coronary artery disease. But should the client not show the other features of these disorders as well, these diagnoses are not applicable.

Although there is an absence of specific anger disorders to capture common presentations, a scheme for conceptualizing, assessing, treating, and studying

clinically significant anger has grown out of research on anger control problems. It highlights the assessment of five primary dimensions:

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.

The Cognitive—Cognitions Associated with Anger

- Clients should show 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.
- 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.

Proposed Diagnoses for Various Expressions of Anger Control Problems

For those interested in how this conceptual scheme might translate to clinical diagnoses, Eckardt and Deffenbacher (1995) have proposed disorders representing different expressions of anger commonly seen clinically (See Figure 1.1).

Figure 1.1

Proposed Anger Diagnoses

- *Adjustment Disorder with Angry Mood*: This diagnosis would capture those who have experienced one or more psychosocial stressors and responded with excessive and/or maladaptive anger.
- *Situational Anger with or without Aggression*: These two disorders capture patterns in which excessive and/or maladaptive anger is a primary response to specific situations or situational themes, as well as whether the behavioral response to them involves aggression or does not.
- *Generalized Anger Disorder with or without Aggression*: These last two disorders refer to a chronic, cross-situational anger, not unlike Generalized Anxiety Disorder, but one in which the pervasive mood is anger and specifying whether it is accompanied by aggressive behavior or not.

From *"Anger Disorders: Definition, Diagnosis, and Treatment"* by C. I. Eckhardt and J. L. Deffenbacher, 1995. In H. Kassinove (Ed.), *Diagnosis of Anger Disorders* (pp. 27–47). Washington, DC: Taylor & Francis.

The five-dimension conceptualization of anger described here has not only influenced how anger control problems have been conceptualized and assessed, it has also influenced the development of the empirically supported treatments for them that we will use to demonstrate evidence-based treatment planning in this program.

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?

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

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

Chapter References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revised). Washington, DC: American Psychiatric Association.

Deffenbacher, J. L., & McKay, M. (2000). *Overcoming situational and general anger: Therapist protocol (best practices for therapy).* Oakland, CA: New Harbinger Publications.

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