ANGER AND IT’S MANAGEMENT
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Abstract

Anger as an emotional reaction involves both physical and psychological changes in our health. Despite of common emotional reactions, it can create many physical and psychological disturbances and diseases as well. So, information regarding its management is helpful to learn some of the simple skills to control it. There cannot be a single cause of the anger. Heredity factors, home environment, social learning and cultural factors are important factors for its emergence. Behavioral techniques and cognitive restructuring techniques are found to be effective methods in controlling anger reaction if practiced properly and systematically. They are effective only if practicing therapist or psychologist is equipped with these skills. It cannot be done just reading an article in the books.

Key Words: Anger, Emotion, Management

Introduction

Anger is an undesirable state of affairs in that anger and behaviors associated with it constitutes a problem for individuals and society as a whole. According to Charles Spielberger anger is an "emotional state that varies in intensity from mild irritation to intense fury and rage" (Spielberger, 1983). It is often consider as a common experience in everyday life (Averill, 1982).

Everybody get angry at any point of his or her life. Often it gives favorable result in fulfilling the demand of the individual. However, anger itself is not desirable and good for both physical and emotional health.

Anger is a completely normal, usually healthy, human emotion. But when it gets out of control and turns destructive, it can lead to problems in different areas of life such as problems at work, in the personal relationships, and in the overall quality of our life. Anger may lead also to serious violent offences. However violence can occur in an instrumental fashion without affective arousal. Anger is considered by many as a contributing factor to the general phenomena of aggression and violence (Averill, 1982; Levey & Howells, 1990).

Nature of anger reaction

It is always accompanied by both biological and psychological changes.

Biological changes includes increase heart beat, increased respiration rate, raised blood pressure, increase the energy level due to increased blood flow in the muscles, hormonal activities (adrenaline and nor-adrenaline), increased muscles tension or contraction (skeletal muscles) and increased body temperature. So it affects in all the vital systems of human being. Similarly, there various psychological changes occur during anger reaction. Some of these changes are loss of concentration, decreased ability of tolerance, patience, increased restlessness or pacing movement, heightened tension feeling and impairment in the decision-making ability. If anger reaction persists longer time, it can lead to changes in various physiological functioning and psychological activities of our health.
Why are some people more angry than the others? Deffenbacher (1999) states that some people really are "hotheaded" than the others. Some people do not express anger overtly. Some people have low tolerance to anger and frustration. One cause for anger reaction may be genetic or physiological: there is evidences that some children are born irritable, touchy, and easily angered from a very early age. Another may be socio-cultural: not getting opportunity to learn to handle anger reaction constructively.

Research has shown that family background plays a role. Typically, people who are easily angered come from families that are disruptive, chaotic, and not skilled at emotional expression.

Assessment and formulation of anger problems

Anger management must be guided by the current research findings. Literature revealed that the detail assessment of the anger behavior is the first step to develop intervention strategies. Functional analysis of anger is the basic step for anger assessment (Blackborn, R., 1993; Kirk, J. 1989). Various variables need to be considered in the functional analysis of anger. Some of them are listed below:

- Frequency, intensity, duration and form of anger or aggression
- Environmental triggers (including background stressors)
- Cognitive antecedents (including biases in appraisal of events, dysfunctional schema, underlying beliefs and values supporting aggression)
- Affective antecedents (emotions preceding aggressive acts, e.g. anger or fear)
- Physiological antecedents (different sensation)
- Coping style and problem-solving skills
- Personality dispositions (e.g. anger-proneness, impulsivity, psychopathy, general criminality, over control, under control) (Anderson and et. al, 1996).
- Mental disorder variables (mood, brain impairment, delusions, hallucinations, personality problems)
- Consequences / functions of aggressive acts (including emotional consequences such as remorse)
- Buffer factors (good relationship, family support, achievement in some area)
- Opportunity factors (weapons, victim availability, restrictions) that affects the degree of anger reaction.
- Disinhibitors (alcohol, drugs)

Management

The goal of anger management is to reduce both emotional feelings and the physiological arousal that anger causes. A comprehensive management package is essential to deal with the anger and aggression problems. Some of the basic intervention are listed but selection is depended upon the functional analysis of the presenting anger / aggression problem.

Behavioral Strategies to control Anger

Relaxation

Simple relaxation tools, such as deep breathing and relaxing imagery can help in calm down angry feelings. Some simple steps one can try: Breathe deeply, from your diaphragm; breathing from your chest won't relax you. Slowly repeat a calm word or phrase such as "relax", "take it easy". Repeat it while breathing deeply. Use imagery; visualize a relaxing experience, from either your memory or your imagination. Nonsternuous, slow yoga-like exercises can relax your muscles and make you feel much calmer. Practice of these techniques daily is
necessary to learn use them automatically when one is in a tense situation.

**Use of self-statement to control anger**

Remind yourself that getting angry is not going to fix anything, that it won't make you feel better. Angry people need to become aware of their demanding nature and translate their expectation into desires. "I would like" something is healthier than saying "I demand" or "I must have" something.

**Problem Solving**

Skills to solve the various type of problems is necessary because often it becomes the sources of frustration and causing anger.

**Better Communication**

Communication skills are one of the key factors provoking anger to others (Wyer, et al. 1993). When there is a heated discussion: slow down and think through your responses. Don't say the first thing that comes into your head, but slow down and think carefully about what you want to say. Listen carefully to what the other person is saying and take your time before answering.

**Using Humor**

It is the opposite activity of anger. Using certain statement that has potential of creating humor in one's emotional life is found very effective in reducing anger.

**Changing the environment**

This is all about modifying the anger provoking situation such by giving break to one self, arranging for personal time during the stressful situations, keeping silent for few minutes, or making some rules to prevent anger provoking situations and control one self for better ways of coping with the existing problems.

**Cognitive intervention**

This means changing the way you think: angry people tend to curse, swear or speak in highly colorful terms that reflect their inner thoughts (Teasdale, J.D., 1997). When we are angry, our thinking can get very exaggerated and overly dramatic. Try replacing these thoughts with more rational ones. For instance, instead of telling ourselves, "oh, it's awful, it's terrible, every thing's ruined," tell ourselves, "it's frustrating, and it's understandable that I'm upset about it, but it's not the end of the world and getting angry is not going to fix it anyhow. Use words carefully while communicating with others such as "never" or "always". There are systematic strategies for such restructing.

**Improving client's understanding of the nature and components of the problem**

A collaboratory approach between the client and therapist is essential. Novaco's (1978, 1993, 1994 &1997) model (such as anger as a product of environmental event, cognitive processes, physiological arousal, and behavioral reactions) could be used explicitly by and with the client. This strategy involves analysing previous episodes of anger, aggression and violence.

**Identifying and modifying the immediate triggering events**

Focus on the modification of the triggering factors instead of clients' response to it (Berkowitz, L., 1990, 1993a). Stimulus control and avoidance of triggering factor are also useful here.

**Identifying and modifying contextual stressors**

Client needs to learn the effect of previous stressors on how they deal with particular provocation. Reduction of the provocative factor (family problems, unemployment, and
Poor living conditions) is the therapeutic goal (Berkowitz, L. (1993b).

**Changing cognitive inferences and dysfunctional schemata**

Many inferences in the inference chains need to disconfirm and change (Chemtob, et. al. 1997a). Such as eye contact does not necessarily mean being stared at which is found often anger provocative factors for female. It is an intensive and depth work where therapist should skillful in exploring these inferences in cognitive level.

**Undermining dysfunctional interferences and schemata by tracing their developmental roots**

Inferences that 'this person is ridiculing me in front of others' has its roots in early experiences of this sort in a family or school environment. It requires more session works rather than single. Because, working with the earlier life experiences and home or school environment needs good relationship between client and the therapist.

**Improving control of physiological arousal**

Where arousal is an important part of the anger or violence problem then relaxation and similar techniques have better role to reduce it. These techniques help in reducing the arousal to pre-provocative state of anger. Earlier detection of the signs and symptoms of such arousal through various sense organs is helpful in mediating anger behaviour to control (Forgas, J.P. (1993)).

**Broadening the repertoire of coping responses**

Problem solving, social skills training, and related techniques can be used to generate new ways of coping with potential provocations.

Problem solving skills, standard social skill methods of role-play, feedback, rehearsal and homework assignments have a role.

**Prevention of escalating social behaviour**

Minor triggering factors can lead to violence (such as minor dispute, disagreement). So identifying escalating factors early and controls them through the use of various behavioral techniques (avoidance of such situation)

**Strengthening commitment to change**

Generating motivation in controlling anger or modifying response to provocative situations, provide understanding about the role of negative behaviour (drinking alcohol) used in anger.

Edmondson and Conger (1996) in their meta-analytic review found effectiveness of these interventions with the people having trait anger.

**Conclusion**

Anger as an emotional reaction involves both physical and psychological changes in our health. Despite of common emotional reactions, it can create many physical and psychological disturbances and diseases as well. So, information regarding its management is helpful to learn some of the simple skills to control it. There cannot be a single cause of the anger. Heredity factors, home environment, social learning and cultural factors are important factors for its emergence. Behavioral techniques and cognitive restructuring techniques are found to be effective methods in controlling anger reaction if practiced properly and systematically. They are effective only if practicing therapist or psychologist is equipped with these skills. It cannot be done jus reading an article in the books.
References:


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