

Unit 1**Understanding Anger****Handout****Understanding anger**

Anger is often seen as a powerful emotion. For many people, because of its association with aggression and violence it is a frightening emotion. The desire to control anger has been written about for many years and is even mentioned in the bible: “He that is slow to anger is better than the mighty; and he that ruleth his spirit than he that taketh a city” (Proverbs, 32). Anger can be controlled and it can be used effectively. It is the misuse of anger or inappropriate expression of anger that is of concern, and this will be discussed in some detail within this unit. Although many of us perceive anger as an emotion, Faupel, Herrick and Sharp (1998) argue that it should be viewed as a *secondary* emotion arising from a *primary* emotion such as fear. They also see anger as a reflection of emotional difficulties, which may lead to, or arise from, emotional disorders.

All of us may feel and express anger. Although anger and aggression seem to go together, they are in fact distinct. Anger does not necessarily include a desire to destroy or cause personal harm. Most anger is of brief duration and low intensity. An angry person’s threshold for aggression is lowered, however, and this may increase the desire to inflict harm on the person annoying them. If we want to understand aggression, it is important first to understand anger.

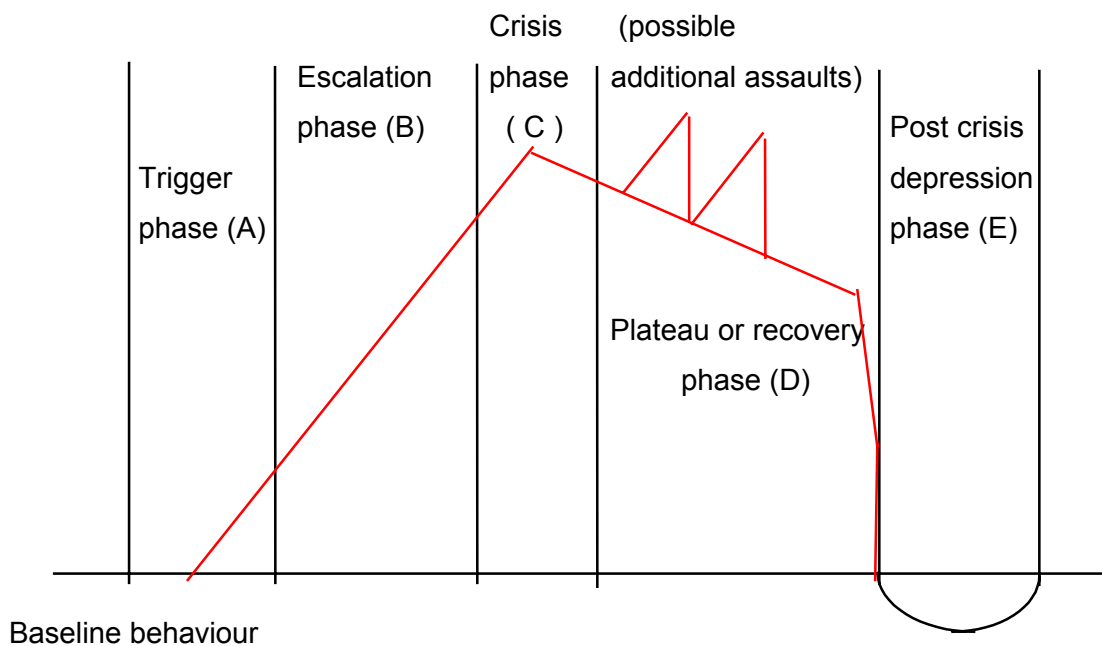
What causes anger?

Most of us, if we think about a time when we have become angry, will be aware that something provoked the anger. The trigger may be something significant such as another person shouting, or it may be something apparently trivial. Triggers for anger are not the same for everyone. Anger can be seen as a continuum with mild annoyance at one end and extreme rage at the other. How we react to a situation will depend on the provocation itself. It may also be the case that the same provocation can have a different reaction in a different situation. The reaction depends to some extent on our usual coping strategies. If we usually react with anger, then we are more likely to respond to a trigger in an angry fashion.

How does anger make us feel?

There are notable physiological responses associated with anger. Physiological arousal of the sympathetic division of the autonomic nervous system produces the classical fight or flight response experienced when a person is angry. The diagram below shows the anger assault cycle and demonstrates what happens to our bodies when we become angry. There are 5 phases in the assault cycle (Breakwell, 1997). These are as follows:

- A The trigger phase
- B The escalation phase
- C The crisis phase
- D The plateau or recovery phase
- E The post crisis depression phase.



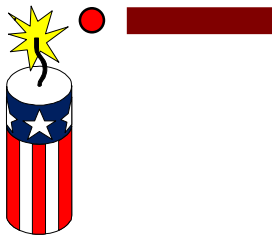
Anger Assault Cycle, adapted from Faupel et al (1998, p. 37)

The *trigger* stage is the event which sets off the anger reaction. This event is seen as threatening to the individual and starts off the chain of angry responses. At this stage it is still possible to intervene to calm the person down or for the person to calm himself or herself down. Once the *escalation* phase is reached there is less chance of calming down, as this is the phase where the body prepares for *fight or flight*. The next stage is the *crisis* phase. Here the individual may be unable to respond to calming techniques and may find it very difficult to respond to others once this phase has been reached. The *recovery* phase lasts for about 45 minutes (though it can be as long as 90 minutes after

a serious outburst) for it takes some time for the body to return to normal. It is possible for the anger to be re-ignited during this phase and this may result if an inappropriate intervention is attempted. Finally, the *post-crisis* phase is one of resting and recovering from the high state of arousal that the body has just experienced. The ability to think clearly begins to return at this stage and the person may feel guilty about what has happened.

During the trigger stage and thereafter, most of us experience bodily sensations like a knot in the stomach, a clenched jaw or fists, tense muscles, sweating, shallow breathing. Blood pressure may go up without being noticed. These physiological responses are the result of a rise in adrenalin. Skin temperature and pulse rate may also rise, leading to feelings of being hot and bothered. As well as these physical responses, there is also a cognitive dimension to anger. Cognitive theorists suggest that anger, like other emotions, is influenced or even created by our cognitions or thoughts. Cognitive psychologists believe that in order for an event to be seen as an irritant, we have first to become aware of what is occurring and come to our own interpretation of it. Feelings, whether negative or positive, result from the meaning given to an event, not from the event itself. Anger, then, is caused by the reaction to an event, not the event itself. It depends very much on how the situation is perceived. For example, two children in a tussle may be seen to be play fighting or having a real fight. What we do about it will depend on our perception of what is happening. If the fight is seen as play, the reaction will be very different from concluding that this is one child threatening another. We might even see it as threatening to ourselves and feel frightened as a result. If one of the children is known to us, we might feel angry on their behalf. Whether we are frightened or angry, the physiological response is likely to be the same because adrenalin will prime us for flight or fight.

One model that can help us describe anger to pupils is the Firework Model as outlined by Faupel et al (1998).



- The trigger is the match that lights a person's fuse

- The fuse is the mind reacting: the thoughts and feelings which a person has, such as feeling fear, feeling threatened.....
- The explosive cylinder is the body responding physiologically, which may lead to anger being expressed.

What happens as a result of anger?

This depends to some extent on how the anger is handled. Many of us have difficulties with how we deal with anger and there are many different responses to anger. It would be wrong to suggest that anger is always inappropriate. Anger is not the same as aggression and if it is handled well, it can be useful. Anger can be used constructively when it helps us be assertive and make our feelings known to others. The poet William Blake was well aware of this:

*I was angry with my friend
I told my wrath, my wrath did end.
I was angry with my foe:
I told it not, my wrath did grow.*

This does not need to be done aggressively but can be done by using an 'I' message, e.g. 'I feel hurt when you are rude to me.' Assertiveness will be discussed in greater detail later in this handout.

Once anger has passed, what then?

How you feel will depend on whether you have handled your anger constructively or destructively. Some experts feel that the healthiest response to anger is to acknowledge its presence, experience the physiological symptoms and verbalise your feelings. Even if you feel that it would not be appropriate to verbalise your feelings to the offending party, you should still recognise angry feelings and realise that the awareness, along with experiencing the physical sensations, can help prevent more destructive or aggressive expressions of anger.

Inappropriate or destructive expression of anger

Anger can be expressed destructively in two ways: indirect expressions of anger (which have ineffective outcomes) and expressions of anger that are out of all proportion to the event. For example, one way of expressing anger indirectly is known as passive-aggressive behaviour. Rather than say to someone that we are angry with them, we

might show it by our behaviour - coming late to a meeting, for instance. It is argued that destructive anger comes from not acknowledging and handling angry responses immediately. How we respond to anger can depend on childhood training and conditioning, our background and character structure.

Inappropriate anger can affect us, and others around us, in a number of well-known ways. These can be grouped as follows:

1. Effects on the individual

We have already seen that anger produces a physiological reaction. This is fine when we are really preparing for fight or flight, but if it happens too often or lasts for a long time then it becomes a health hazard, in part because of direct effects on our health but also because we may become violent and may hurt ourselves or others, whether intentionally or otherwise. Destructive anger can also have an effect on our mental health. If we get into the way of responding in an angry fashion it becomes the normal response for us and can spiral out of control. The trigger needed to set off our anger becomes smaller and smaller so that, ultimately, anger becomes little more than a habit. Faupel and colleagues (op cit) note that the effects of severe outbursts can be very unpleasant, leaving us feeling emotionally flat and empty, often depressed and guilty. This is one after-effect of the release of adrenalin. An angry person is very often an unhappy person and one whose self-esteem is low. This can affect the individual's functioning both in the family and in society as a whole.

2. Effects on the family

Angry adults may have angry children. The effect of too much anger on family life is well documented. It can lead to a tension-filled family with frequent fights. It can lead to aggressive cycles of bullying and being bullied. It can lead to violence. The effects of violence on children are considerable, affecting both psychological and physical health. Children who witness violence may have emotional and behavioural difficulties as a result. Peled et al (1995) note a number of possible emotional and behavioural outcomes for such children, including withdrawal, nightmares, aggressive behaviour and self blame. Capacity for learning may also be affected (Shore, 1997, Prothrow-Stith and Quaday 1995). Furthermore, children will imitate the behaviour of adults and may, in turn, become angry and aggressive. Children who become angry can feel out of control (their own and others'). Children need to know that the adult can exert control and not be dominated by their anger. It is often the case that a family whose interactions are characterised by outbursts of anger is one that is prone to abuse.

3. Effects on relationships

For children the effects of their anger on relationships can be devastating. It is vital for them to get on well with others and anger can destroy relationships. Research has shown that children who lack emotional controls when they are very young can have difficulty in forming relationships as they get older, and can be at greater risk of developing delinquent or anti-social behaviour. This, of course, has implications for society as a whole.

4. Effects on society

The costs to society can be considerable. If a child has difficulty with social relationships, this may lead to difficulties with education. Truancy, suspension and exclusion may result. Children who are not attending school can easily become involved in petty crime. It is estimated that just to process a minor crime costs in the region of £4,000. Of course, this does not take into account the costs of damage to people and property.

It can be seen, therefore, that the mishandling of anger can have devastating effects on an individual's life and repercussions for both the family and society. In the Unit 4 we will look at some techniques for managing anger that can be taught directly to young people either individually or in a group. Units 2 and 3 look at the issues involved in dealing directly with aggression and conflict and at whole school approaches to managing anger.

References

Breakwell G M (1997) Coping with Aggressive Behaviour Leicester: British Psychological Service.

Faupel A, Herrick E and Sharp P (1998) Anger Management: a Practical Guide London: David Fulton publishers.

Pele E, Jaffe P G and Edleson J L (1995) Ending the Cycle of Violence: Community Responses to Battered Women Thousand Oaks, CA: Sage publications.

Prothrow-Stith D and Quaday S (1995) Hidden Casualties: the Relationship between Violence and Learning Washington, DC: National Health and Education Consortium and National Consortium for African American Children, Inc.

Shore R (1997) Rethinking the Brain: New Insights into Early Development New York: Families and Work Institute.