Passive Aggression, Sarcasm, Cold Anger, Hostility and Aggression: Brain-Based Advances in Managing Anger and Who Stays Well

Presented by

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Disclosure
Neither Dr. Nay, the presenting speaker, nor the activity planners of this program are aware of any actual, potential or perceived conflict of interest

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COURSE OBJECTIVES

Participants completing this 6-hour program should be able to:

1. *Identify how maladaptive attachment leads to anger-related habits, beliefs and acts.*
2. *Describe key anger-related disorders.*
3. *List several effective guidelines for interacting with an angry person.*
4. *Name key habits of people who learn to manage their anger to produce meaningful change.*

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Passive-Aggression, Cold Anger, Hostility and Aggression: Brain-Based Advances in Managing Anger

W. Robert Nay, Ph.D.
Georgetown School of Medicine

Introduction

- Impact of Anger and Violence: some observations
- I. Roots of Anger: How the Brain reacts to Threat
- II. When and How Anger Arises
- III. Key Components of Anger Regulation; The “STOP” Model
- IV. Rules of Engagement When Confronting an Angry Person/Client
- V. Collaborative Communication to Reduce Conflict and Resolve Issues
- VI. Encountering and Coping With Setbacks

Violence: An Overview

- Incidence: 11 to 16 percent of women report violent aggression by their partners. About one in six or 3.4 to 8.7 million cases (Straus, 1999).
- More common in dating couples or those about to be married (O'Leary et al., 1989).
- Men and women equally violent (frequency), but women suffer worst outcomes--6 times more likely to be injured (Straus, 1999).
- Men more likely to use violence to terrorize and victimize; women for self-defense (Gottman, 1999).

Violence: Important Considerations for the Clinician

- Previous violence predicts 46 to 72 percent probability of future violence. More frequent and intense the violence the greater probability of future violence (O'Leary & Woodin, 2009).
- Despite prevalence, partner violence often is undetected by mental health professionals (O'Leary, 1995).
  - 50-60 percent of couples who present for marital counseling have had an episode of violence.
  - On intake only 6 percent of women reported violence. When followed up with direct questions 44 percent admitted to it.
  - Men grossly underreport and minimize violence, especially severe violence (Lawrence, Heyman and O'Leary, 1995).

Anger Profile: John

- My *Anger Triggers* are When:
  - My expectations (I / He / She should…) are not met. In this situation, my expectations were that:
    - HE SHOULD HAVE IMMEDIATELY DONE WHAT HIS MOM ASKED HIM TO DO. NO EXCUSES.
  - Another person abuses or attacks me unfairly. In this situation, I felt abused/attacked when:
    - JASON LOUDLY TOLD MY WIFE TO BUTT OUT AND LEAVE HIM ALONE. I COULDN'T TAKE IT.
  - I am not treated according to my rules of fairness. This situation was unfair:
    - WE DO SO MUCH AND THIS IS HOW HE TREATS US?

Anger Profile: John (continued)

- My *Thoughts* That Produced Anger Were [fill in the thoughts that apply]:
  - Telling myself he/she/it is to blame. I thought it was the other's fault because:
    - IF BARBARA WAS NOT A WEAK PARENT, THIS WOULDN'T BE HAPPENING. I CAN ONLY TAKE SO MUCH.
  - Calling the other person a name or label in my thoughts. In my thoughts, I called the other these names:
    - JASON IS LAZY AND TOTALLY SELFISH.

Anger Profile: John (continued)

- My *Thoughts* (continued):
  - Telling myself the situation is unfair or unjust. I thought this situation was unjust because:
    - I TRY TO SUPPORT BARBARA—GET HER SON TO RESPECT HER AND ALL I GET IS CRITICIZED FOR BEING SOME MANIAC WITH MY ANGER. IT IS TOTALLY UNFAIR.
  - Picturing him/her being hurt; picturing myself hitting/hurting the other person. My images were:
    - I SOMETIMES PICTURE MYSELF ALONE IN A ROOM WITH JASON—I WOULD LET HIM KNOW WHO'S BOSS IN ABOUT 10 SECONDS. I WOULD LOVE TO SLAP THE SMIRK OFF HIS FACE, BUT I CAN'T.

Anger Profile: John (continued)

- When I start becoming **Angry**, there are thoughts about my anger or the situation that can make my anger more intense:
  - Blaming my anger on the other person or situation. He/she/it is at fault because: I KNOW I LOST IT, BUT IF BARBARA HAD SUPPORTED ME AND COULD BE STRONG WITH JASON THESE BLOWUPS WOULDN'T BE HAPPENING.

Feelings/Sensations of Anger

- *Physical Sensations*: When I begin to feel angry, I notice the following:

- I FIRST NOTICE THAT MY CHEST FEELS TIGHT AND MY THROAT STARTS TO FEEL CONSTRICTED. THEN, I FEEL MY FACE GETTING HOT. SOMETIMES WHEN MY ANGER IS REALLY INTENSE MY HANDS CLENCH INTO A FIST.

Anger Profile: John (continued)

- The *Behaviors* I use once I get Angry:
  1. **Passive-Aggressive** (e.g., withholding, being late). Describe your behavior: I TOLD JASON 'JUST WAIT UNTIL YOU WANT SOMETHING FROM ME. IT WILL BE A LONG WAIT!'
  2. **Sarcasm** (e.g., hostile joking at the other's expense). Describe: YOU REALLY HANDLED JASON WELL AND REALLY SUPPORTED ME. THANKS SO MUCH!!
  3. **Cold Anger** (e.g., withdrawing or not talking when angry). Describe: I LEFT THE HOUSE AND WENT OUT. DIDN'T COME HOME UNTIL BARBARA WAS IN BED—WOULD NOT TALK TO HER.

Anger Profile: John (continued)

- The *Behaviors* I use once I get Angry:
  4. **Hostility** (e.g., acting intense, impatient, irritable with other). Describe: I GET LOUD SOMETIMES AND VERY IMPATIENT. BARARA TELLS ME I SIGH A LOT.
  5. **Aggressive** (e.g., name-calling, yelling, hitting, touching). Describe: I GUESS WHEN I GRABBED JASON AND PUT HIM IN HIS PLACE. BUT THAT'S ALL HE SEEMS TO UNDERSTAND. HE WAS CLEARLY LISTENING TO ME AND SEEMED FEARFUL.

Note: If time allows, we will review an Anger Interview format, included in the last slides.

I. The Roots of Anger: How the Brain Reacts to Threat

- Sympathetic Nervous System Arousal and Anger
- The Angry Brain: The role of the forebrain and limbic system in the arousal of anger
- Historical Precursors of Anger
  - Role of trauma, neglect and poor attachment in anger and aggression
  - Anger scripts: the development of beliefs about self, others and the world
- Proximal Precursors of Anger

Arousal and Anger

- Heart Rate and Breathing: Chest Breathing/Shallow, Increased Heart Rate
- Musculoskeletal Tightening/Tension: Headaches, Back Pain, Jaw Discomfort
- Vasodilation of Blood Vessels in the Face (Warmth)
- Gastrointestinal: Butterflies, Acid Stomach, Discomfort or Pain, Nausea, Irritable Bowel
- Senses Become More Acute
- Blood Changes: Faster Clotting/Release of Cortisol

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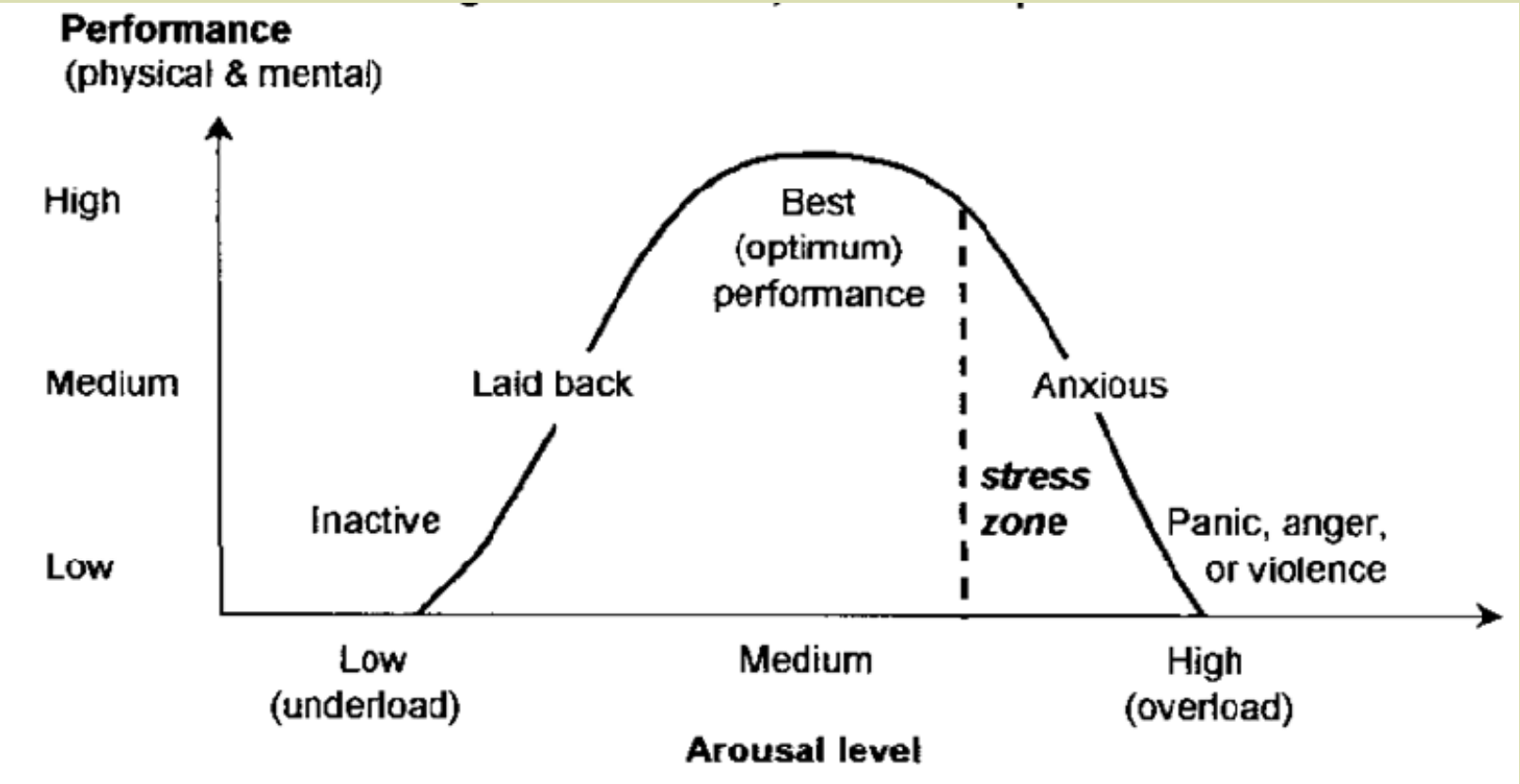
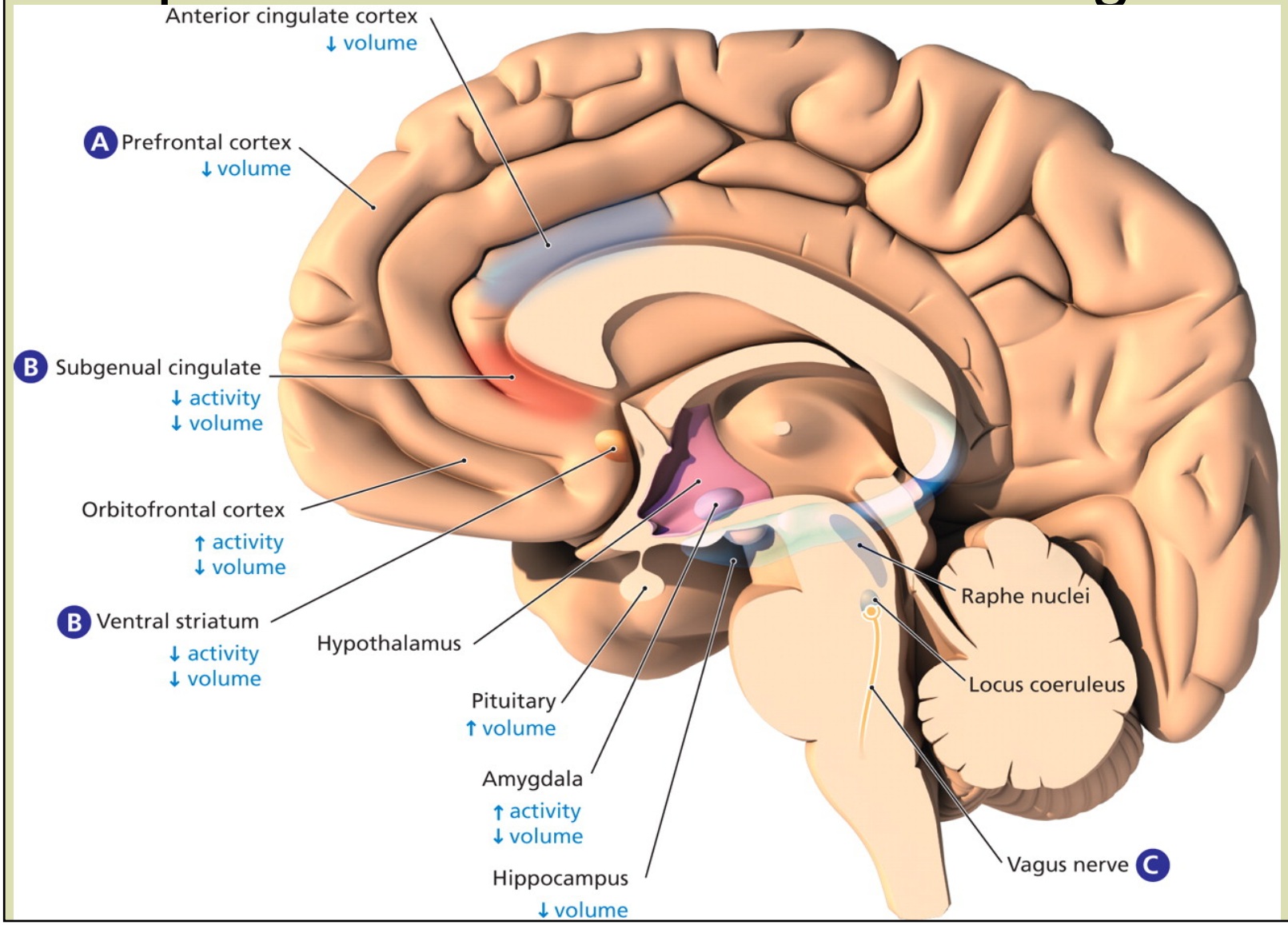
Arousal and Performance



Important brain structures in Anger



The Angry Brain: the role of the forebrain and limbic system in anger arousal

- Dan Siegel: The Nine Functions of the Middle Pre-Frontal Cortex
  - Body Regulation: regulating body functions
  - Attuned Communication: the ability to feel another's feelings
  - Emotional Balance/Affect Regulation: to balance rigidity and chaos/arousal
  - Response Flexibility: the capacity to pause before action
  - Empathy (Mindsight): conscious awareness of the mind of someone else
  - Insight or Self-knowing Awareness: linking past, present and future
  - Fear Modulation: connections of middle PFC with the amygdala
  - Intuition: registering input from the heart and gut, interoception
  - Morality: ability to think of the larger social good and act in accordance even when alone

Emotional Styles (Richard Davidson, Ph.D.)

- Six emotional styles arose from a systematic study of the neural basis of emotion.
- Each has an identifiable neural signature grounded in a particular pattern of brain activity that can be revealed through brain assessments. Each are related to understanding and managing anger (and all emotional experience).
- Each dimension describes a continuum--people vary considerably at which end of the continuum they lie. Where you fall on each of the dimensions adds up to your overall emotional style.
- Emotional style is not fixed/completely genetically based. Neuroplasticity--changed by experiences and even by thoughts (e.g., hippocampi of London taxi drivers, virtual piano playing study). Think of the implications of this for our work with clients.

Resilience

- Respond with tenacity and determination versus feeling helpless and overwhelmed with anger/resignation. Type: *fast* versus *slow to recover*.
- Greater activity in the LPF (up to 30 times greater) versus the RPF. Strong relationship between prefrontal cortex and amygdala. LPF activity seems to inhibit the amygdala and facilitate rapid recovery from emotional breakdown.
- Related to degree of white matter connections between the prefrontal cortex and amygdala.
- Rx: Mindfulness training strengthens connections between the prefrontal cortex and the amygdala. Cognitive restructuring or reframing negative events reduces threat and anger.

Outlook

- Able to experience and maintain a high level of pleasure and positive energy versus unable to sustain pleasure, more gloomy. Type: *positive* versus *negative*.
- LPF is activated when a positive emotion is experienced versus RPF activation with negative emotions (e.g., responses to hilarious vs disgusting film clips). Approach behavior is associated with LPF, avoidance with RPF. Why? Evolution: opposite sides to ensure no confusion when survival at stake.
- Rx: Practicing positive affirmations/engineering positive rewards creates positive LPF activity and with practice more lasting changes. CBT to experience more positive emotions/outcomes.

Social Intuition

- One's ability to read body language and tone of voice, accurately inferring what social behavior is required. Type: *socially intuitive* versus *puzzled.*
- Low levels of activation in the fusiform portion of the visual cortex and high levels of activation in the amygdala. Evaluated by studying autistic clients.
- Rx: Practice paying attention to social cues--both obvious and subtle: voice, body language, facial expression (e.g., sit in a public place observing others, trying to predict how they will react, talk or touch one another).

Self-Awareness

- To regulate emotions, awareness of personal thoughts and feelings versus lack of recognition/understanding of why you are anxious, angry or impatient. Type: *self-aware* versus *self-opaque*.
- Directly related to activity in the insula (located between temporal and frontal lobes), which receives signals from the visceral organs. Extremely high levels of insula activity = panic disorder and hypochondria.
- Rx: Mindfulness training to non-judgmentally focus on your thoughts, feelings and sensations moment to moment. Self-monitoring/keeping a diary/log.

Sensitivity to Context

- Awareness of conventional rules of social interaction (e.g., would never try to pick up a date at a funeral). Type: *tuned in* or *tuned out*.
- Anterior hippocampus, the portion closest to the amygdala, is also involved in regulating behavioral inhibition in response to different contexts (e.g., PTSD reacting emotionally in non-traumatic contexts, i.e., veteran and siren example). Stronger connections: hippocampus to PFC = more sensitivity to context.
- Rx: Little research. Exposure training.

Attention/Attending

- "Selective attention" to important details and "non-judgmental attention" (necessary for mindfulness). Type: *focused* versus *unfocused. Example:* ADHD=focus on the most rewarding stimulus, missing important social cues to effectively interact.
- Increased activity in the PFC bilaterally, particularly dorsal lateral PFC.
- Rx: Improving focus requires increasing activity in the prefrontal and parietal cortices. Achieved with mindfulness meditation in two forms: focusing on one object, excluding other stimulation increases selective attention. Open-presence monitoring of all impinging stimuli enhances non-judgmental attention.

Precursors of Anger

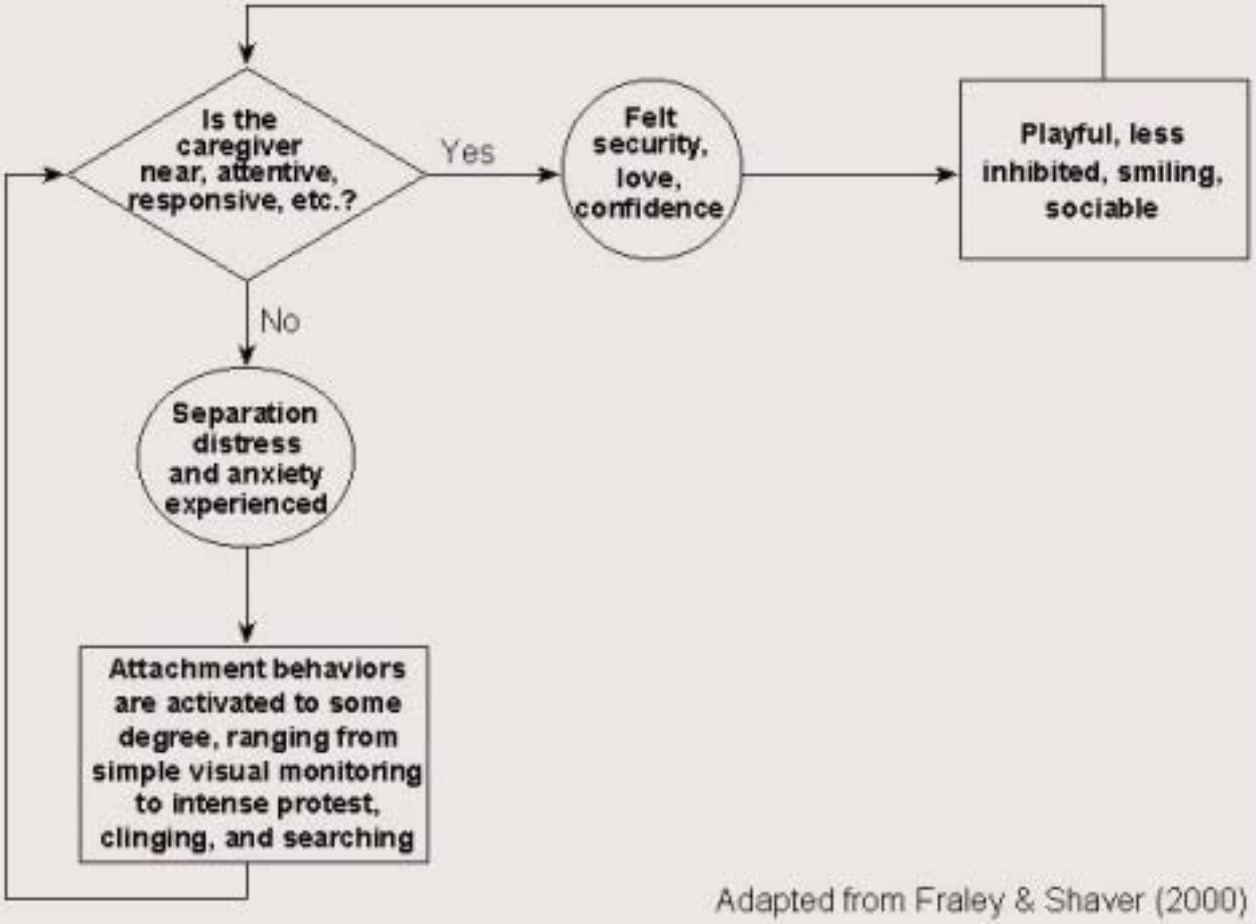
- Early Trauma and Insecure Attachment
- Anger Scripts: Underlying belief about self, others and the world—role in anger arousal
- Proximal Precursors: the "Five Ss"
  - Sleep
  - Stress
  - Sustenance
  - Substances
  - Sickness

Assessment of Attachment (Ainsworth's research)

EPISODE	EVENTS	ATTACHMENT BEHAVIOR OBSERVED
1	Researcher introduces parent and baby to playroom and then leaves.	
2	Parent is seated while baby plays with toys.	Parent as a secure base
3	Stranger enters, is seated, and talks to parent.	Reaction to unfamiliar adult
4	Parent leaves room. Stranger responds to baby and offers comfort if baby is upset.	Separation anxiety
5	Parent returns, greets baby, and offers comfort if necessary. Stranger leaves room.	Reaction to reunion
6	Parent leaves room.	Separation anxiety
7	Stranger enters room and offers comfort.	Ability to be soothed by stranger
8	Parent returns, greets baby, offers comfort if necessary, and tries to reinterest baby in toys.	Reaction to reunion

Note: Episode 1 lasts about 30 seconds; each of the remaining episodes lasts about 3 minutes. Separation episodes are cut short if the baby becomes very upset. Reunion episodes are extended if the baby needs more time to calm down and return to play.

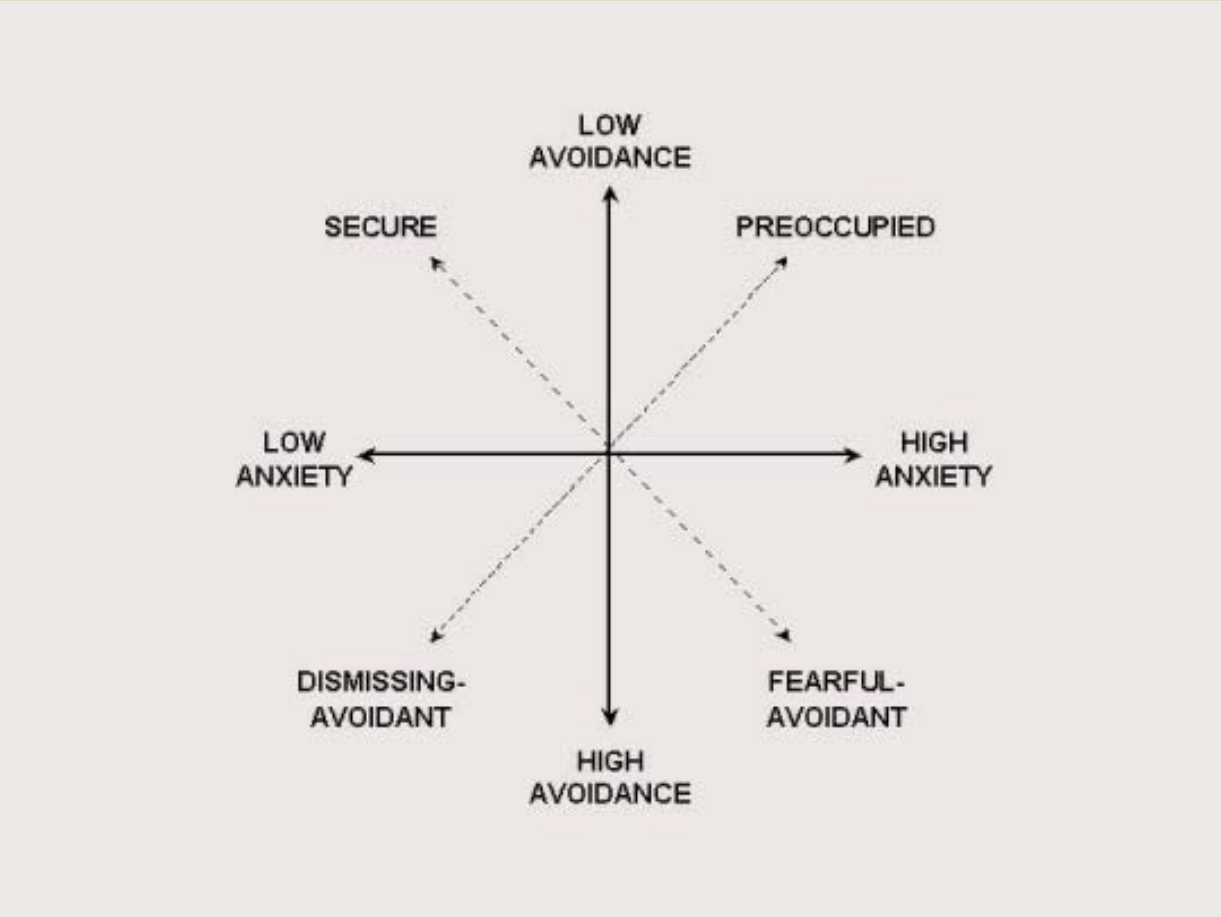
The basis of attachment



Adapted from Fraley & Shaver (2000)

Secure Attachment

Two dimensions of attachment
(from Brennan, Clark and Shaver, 1998)



Insecure Attachment and Anger

- Role of Early Developmental Factors (Bowlby, 1988; Dutton, 2008; Whitaker & Lutzker, 2009).
  - Disruptions in predictable, caring and safe environment = poor ability to be intimate (e.g., withdrawal, avoidance, intimidation, aggression).
  - Impact is dysfunctional affective regulation, insecure attachments (e.g., from exposure to shaming or experiencing outright physical abuse).
  - Leads to hypervigilance, and oversensitivity to threats which can result in rage reactions and difficulty modulating aggression.

Avoidant Attachment

- Strategy is to deactivate, because anger implies emotional investment (not congruent with avoiding other people and distancing oneself = self-reliant).
- Anger expressed an indirect, passive ways (passive-aggression), hateful attitudes and generalized hostility.
- Denies neediness or anger but reacts with hostility, hatred and physiological arousal.
- Engage in antisocial behavior to distance themselves interpersonally (e.g., parents) and to demonstrate by breaking rules and laws their lack of concern for others.

Anxious-preoccupied Attachment

- Tendency to intensify distress and ruminate about provocative experiences.
- Fear of separation, desperate desire for love and high dependency may instigate anger expression as well as cause them to direct it toward themselves.
- Associated with more anger, hostility and distress while discussing issues and interacting with object of attachment.
- Men who score high on attachment anxiety engage in more severe and frequent acts of abuse during couple conflicts.
- Also increases risk of being abused or does the abuse increase attachment anxiety?
- Leads to delinquent or criminal behavior as a way of crying out for attention/nurturance or expressing anger and resentment.

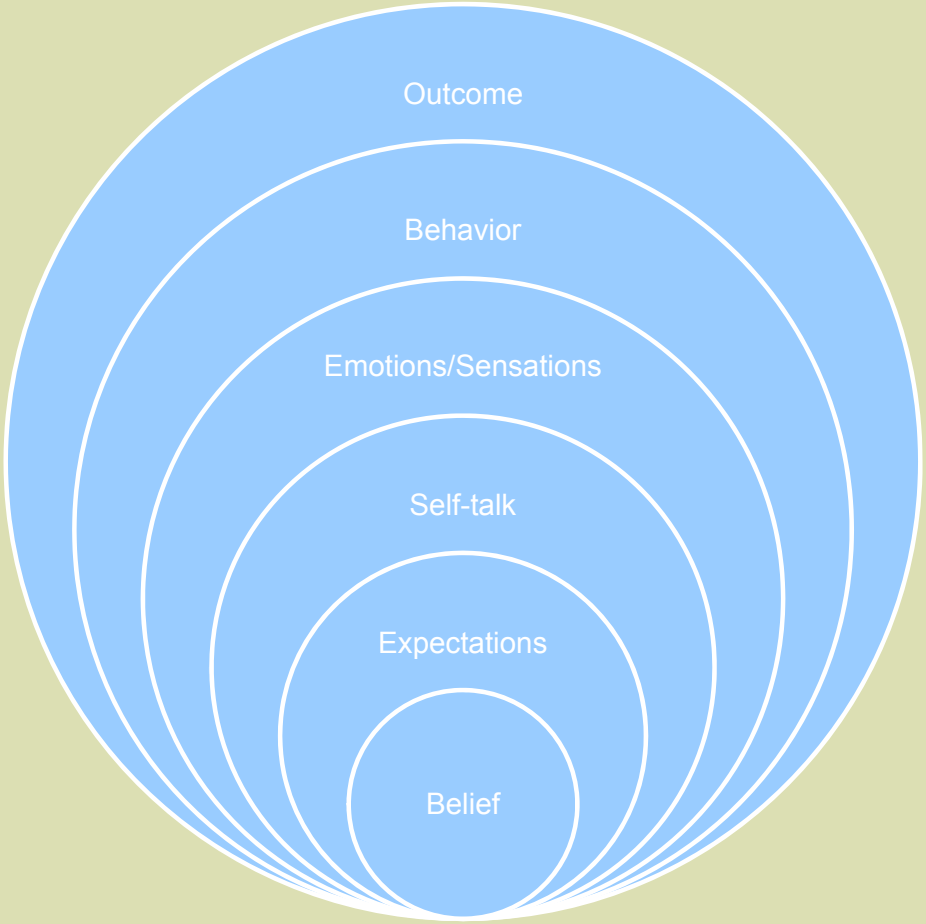
Anger Scripts

- **Beliefs About Myself**:
  - I am powerless to change the situation I am in.
  - It is my fault when my partner gets angry.
  - I can’t handle his/her anger! I am defective (e.g., not smart enough, not skilled enough, a loser).
  - I am too stressed out or overwhelmed to cope. I do not deserve better treatment from my partner.

Beliefs and Anger (continued)

- **Beliefs About My Partner**:
  - He/she is much stronger and will overwhelm me.
  - If I do not do what he/she expects, I will be abandoned.
  - Nothing seems to work to get him/her to manage anger.
  - This will never change—it's hopeless.
  - My partner is abusive and may hurt me (or my children), so I better do what he/she wants.
- **Beliefs About the Relationship**:
  - It is a dire necessity that things remain calm at all times.
  - I must live with things as they are—nothing will change.
  - Everyone has problems like ours—I shouldn't complain.
  - Things will work out if I just give it enough time.

Anger Flowchart



Proximal Foundations of Anger

The “Five Ss”

- Sleep
- Stress
- Sustenance
- Substances
- Sickness: Medical and Psychiatric Diagnoses that can contribute to the arousal of anger. ###

- ### - Shown in a later slide

John's Five Ss

- The "Five Ss" may have affected how I reacted.
  - **Sleep** - **How did I sleep the night before?** *I don't usually get much rest, I toss and turn a lot. Got about 5-6 hours.*
  - **Stress** - **Under stress? From what?** *I get up at 5:30am and not home until 8:00pm. I have had it with the traffic.*
  - **Substances** – **Any alcohol that night?** *Not much. Only 2 or 3 glasses of wine. I don't drink hard alcohol as I know I have to watch that.*
  - **Sustenance** - **Had I eaten recently? Hungry?** *No dinner yet, I had a quick sandwich at my desk earlier.*
  - **Sickness** - **Was I sick with a cold/otherwise ill or in pain?** *As you know my back is really killing me a lot of the time.*

The Impact of Sleep Deprivation

The average adult requires 7.5 to 8.5 hours for restorative sleep, a teen=9.5 hrs.

Inadequate sleep is related to: depression, anxiety, increased irritability, immune dysfunction, inflammation, increased pain in pain conditions, poor attention and concentration, an exacerbation of most psychiatric disorders like ADHD, Tourette Syndrome.

Certain medical conditions and medications may contribute to poor sleep, including: COPD, sleep apnea, chronic pain conditions, chronic stress/anxiety, major depression/bipolar disorder. Consider a referral to a health professional and possible sleep study.

The Impact of Sleep Deprivation

Lifestyle contributors include: irregular sleep schedule, shift work, environmental distractions, light sources in sleep room, diet, activity level in the two hours before bedtime, poor bedding.

Medicines/substances: Evaluate the impact on sleep of any daily medicines, including over-the-counter cold and flu medicines, medicines for ADHD or any stimulants, alcohol, caffeine products.

WHAT IS STRESS?

- A PHYSIOLOGICAL RESPONSE TO ADAPTATIONS WE ARE CONFRONTED WITH
- CALLED THE "FIGHT OR FLIGHT" RESPONSE
  - TRIGGERED BY ADAPTATIONS LIKE:
    - PERCEIVED LOSS OF CONTROL/UNCERTAINTY
    - CHANGES IN OUR LIVES GOOD AND BAD
    - TOO MANY TASKS IN TOO SHORT A TIME
    - INJURY OR PAIN
    - THREATS REAL OR PERCEIVED
    - NOISE, CROWDING OR TEMPERATURE CHANGES
    - SOCIAL ISOLATION/REJECTION

STRESS AND ANGER

- WHEN STRESSED YOU ARE MORE LIKELY TO ACT OUT ANGER—YOUR THOUGHTS, FEELINGS AND ACTIONS ARE MORE IMPULSIVE AND REACTIVE TO EVENTS
- STRESS CLOUDS ABILITY TO THINK CLEARLY
- STRESS INTENSIFIES ANGER

Chronic Stress Health Impact

- **Long Term Effects**
  - **Increased breakdown of protein**
  - **Increased blood glucose**
  - **Increased vascular constriction**
  - **Decreased inflammatory response**
  - **Increased risk of musculoskeletal pain/dysfunction**
  - **Increased risk of migraines**

Acute Impact of Stress

- **Decreased gastric motility**
- **Hyperalertness**
- **Increased blood sugar**
- **Use of blood glucose**
- **Decreased stored energy**
- **Increased fatty acids**
- **Increased metabolism**

ALCOHOL AND ANGER

- **How Alcohol Contributes: A "Disinhibitor"**
- **Even at social levels, can intensify an argument.**
- **Facts:**
  - **Husbands who binge drink are 3 times more likely to abuse their wives than abstainers.**
  - **U.S. Department of Justice finds victims report alcohol a factor in two-thirds of non-married partner violence and three-fourths of marital violence (Greenfield, 1998).**
  - **Violence is more likely if both partners are heavy drinkers (Kaufman, Kantor & Asdigian, 1997).**

Three Theories of Alcohol and Violence

- **Disinhibition Theory (Bushman, 1997) - Posits that alcohol inhibits the brain's normal tendency to suppress violent behavior (creating *disinhibition*).**

- **Indirect Cause Model (Bushman, 1997) - Alcohol has a pharmacological effect on physiological, emotional and cognitive changes that *stimulates* aggressive acting out.**

- **Expectancy Theory (Kaufman et al., 1997) - Posits that drinkers' *expectations* about how alcohol affects them (e.g., makes you lose your temper/become irritable) contributes to outcome.**

II. When and How Anger Arises

- When is Anger a Problem?
- Co-morbidity and Causality: Diagnoses Related to Anger and Aggression
- Psychiatric Diagnoses: Anger as a component of the presentation.
- Medical Diagnoses and Anger Arousal
- The Phases of Any Anger Episode
- The "Faces" of Anger
  - Passive-Aggression
  - Sarcasm
  - Cold Anger
  - Hostility
  - Aggression and Abuse
- Patterns of Anger Expression in Relationships: Approaching and Avoidant "Dances" of Anger, illustrated with case examples

When is Anger a Problem?

Characteristics of an Anger Problem:

- **Duration and Intensity?**
- **Frequency?**
- **Impact on Work Performance/Activity?**
- **Impact on Relationships: spouse, children, extended family, friendships, co-workers?**
- **Impact on Health: any health problems?**
- **Pervasiveness of Anger Expression: Home? In Car? At Work? When Out With Friends? In Public Places?**

Psychiatric Disorders and Anger

(plus pharmaceutical interventions)

- Mood Disorders: Major Depression (SSRIs, SNRIs, Dopaminergic drugs, MAOIs, Tricyclics, Tetracyclics)
- Mood: Bipolar Disorder 1 and 2 (Mood Stabilizers, Antipsychotics, Antidepressants as adjunctive treatment)
- Affective Disorders: GAD, Panic Disorder, OCD (SSRIs, Benzodiazepines, Buspirone)
- Psychosis/Schizophrenia: When delusions are present (Antipsychotics)
- PTSD (SSRIs, SNRIs, Antianxiety medications)
- Personality Disorders and Personality Traits: particularly Borderline, Narcissistic or Antisocial (whatever works!!)

Psychiatric Disorders (continued)

- Neurocognitive Disorders: e.g., Tourette Syndrome (Central Adrenergic Inhibitors/ adjunctive meds to treat co-morbid symptoms), ADHD (Psychostimulants)
- Intermittent Explosive Disorder (SSRIs, Anticonvulsants, Antianxiety, Mood stabilizers)
- Alcoholism (Naltrexone, Acamprosate, Topiramate) Substance Abuse (Methadone, Naltrexone, Buprenorphine/Suboxone)
- Oppositional Defiant Disorder/Conduct Disorder

Medical Disorders and Anger

- Medical Disorders: Any disorder that is perceived as threatening to the patient, creates pain/discomfort or loss of control or increases arousal. For example:
    - Hormonal Disorders/Dysfunction (thyroid, cortisol/testosterone)
    - Neurological Diseases, Injuries and Disorders (impact on frontal lobes, amygdala and white matter/connections).
        - Parkinson's Disease
        - Multiple Sclerosis
        - Brain Injury and Brain Syndromes
    - Acute and Chronic Pain Disorders
        - Headache: muscle tension or vascular
        - Musculoskeletal Disorders: e.g., low back, fibrositis, myofascial p.s.
        - Post-surgical pain
    - Gastrointestinal Disorders
        - Crohn's Disease
        - Irritable Bowel Syndrome

Three Phases of an Anger Episode

- **Prelude**: What was occurring in the client's life in the minutes, hours and days prior to anger expression (e.g., a "blowup")
- **Immediate**: Who was present and what was occurring in the environment and inside the client at the moment of anger expression
- **Aftermath**: Following the expression, what is the client's encoding/interpretation and what are the real world consequences of anger expression

Prelude

- Resentment: Historical perceived provocation/negative outcome never resolved.
- The Five "Ss"
  - **Sleep**
  - **Stress**
  - **Substances**
  - **Sustenance**
  - **Sickness**

Immediate Situation

- Who present? What happened? Object of anger?
- Apparent Trigger
- Factual Trigger
- Environmental Factors: others present, context, complexity, noise, etc.
- Level of Anger Arousal

Aftermath

- Perceived Outcome: e.g., intimidation, attainment of intention
- Factual Outcome: e.g., loss/damage to relationships, injury, legal problems
- Presence of Remorse
- Impact of above on client acknowledgment of anger “problem” and taking personal responsibility, level of motivation to change

The Faces of Anger

- **Passive-Aggression** - Withholds praise, attention or affection. May "forget" or fail to follow-through on commitments. Withholds intimacy when upset. Engages in actions known to upset the other person. Chronic lateness.
- The Passive-Aggressive Profile (adapted from Scott Wetzler, 1992)
  - Guarded and mistrustful of revealing feelings directly
  - Obstructs goal attainment even if agreed upon
  - Fosters chaos in leaving things unsaid, tasks undone, creating unfinished business that seems impossible to discuss
  - Denies and feels unfairly accused/victimized when directly confronted
  - Procrastinates, often delays, is late or unavailable when needed
  - Ambiguity: sends mixed messages (e.g., maybe, we'll see, if I have time, I'll "try" to do it).
  - Plays the "injured party" when criticized for letting others down

Faces of Anger (continued)

- **Sarcasm** - Makes “humorous” or cutting remarks about other. Revealing embarrassing personal information to others or public humiliation. Uses a tone of voice and manner that convey disgust or disapproval.
- Defined as verbal abuse by some (e.g., Patricia Evan’s classic “Verbally Abusive Relationship”) describing characteristics of:
  - *Verbal abuse disguised as joking* about personality, characteristics or opinions
  - *Discounting* by “denying the reality and experience of the partner,” which Evan’s calls “insidious,” (e.g., “You are too sensitive”, “You can’t take a joke”, “Your imagination is working overtime”, “You take everything I say wrong….I am just having fun with you!”)

Faces of Anger (continued)

- **Cold Anger** - Withdrawing from the other for periods of time. Avoiding intimacy. Refusing to reveal what is wrong. Tends to avoid emotional discussion when angry. Examples:
  - Locking oneself into a bedroom and refusing to talk
  - Not responding or minimally responding to efforts to discuss the issues
  - Withholding all efforts at accommodating the other (e.g., fixing and consuming meals alone, going out/coming home late without notice)
  - Requiring begging, pleading or an apology to resume normal interaction which unwittingly reinforces this dysfunctional pattern

Faces of Anger (continued)

- **Hostility** - Feeling an inner intensity, raised voice - more stressed out.
  - Acting time-impatient.
  - Showing visible signs of frustration and annoyance with others who don’t move fast enough or fail to meet high expectations for competence or performance.
  - Non-verbal actions like slamming doors, stomping, eye rolling, sighing, throwing things (but not at someone).

Faces of Anger (continued)

- **Aggression** - Raising voice, verbally loud and/or abusive. Cursing, name-calling, blaming. Having thoughts or mental pictures of hurting another. Acting out anger with touching, pushing, blocking or hitting.
- The Ladder of Abuse
- Verbal abuse that shows contempt without negative labels
- Typologies of Aggression and implications for treatment
  - Instrumental Aggression
  - Expressive Aggression

Aggression and Abuse: The "Ladder" of Escalation

- Physical Violence
- Non-hurtful Touching That Increases Risk of Violence
- Gestures That Intimidate
- Threats
- Name-Calling
- Contemptuous Statements and Actions
- Sarcasm
- Hostility

Assessing Expressions of Aggression (continued)

- Negative labeling is a form of contempt that uses insulting names or disparaging descriptions to demean a partner's personal qualities or behaviors. It is not subtle, but clearly abusive in tone and language.
  - **Al**: [raising his voice and leaning forward] "That's really lame. How can you be so selfish when my mother does so much for us? She watches the kids and cleans for us all the time because you are so sloppy the place looks like a slum. Your dad hasn't even come up here to see us in years."
  - **Leslie**: [clearly upset and raising her voice] "I am not a sloppy person. You are the slob and totally insensitive to the fact I work all day and take care of the kids all night, and you don't appreciate me at all."

Assessing Expressions of Aggression (continued)

Common phrases that express contempt:

- “Why can’t you—“
- “You never—“
- “There you go again—”
- “I knew I couldn’t count on you to do—”
- “Why do I even put up with you / your—”
- “You’re hopeless about—”
- “You’re unable to—”
- “Why even try?!”

Two Types of Aggression

- Typology: Expressive vs. Instrumental Violence (Neidig and Friedman, 1984; Lawson, 2003).
- Impact on prognosis
- Impact on individual vs. conjoint treatment
- Risk of violence ramifications
- Change of focus: From anger management to setting boundaries/legal constraints: issues to consider

Expressive Aggression

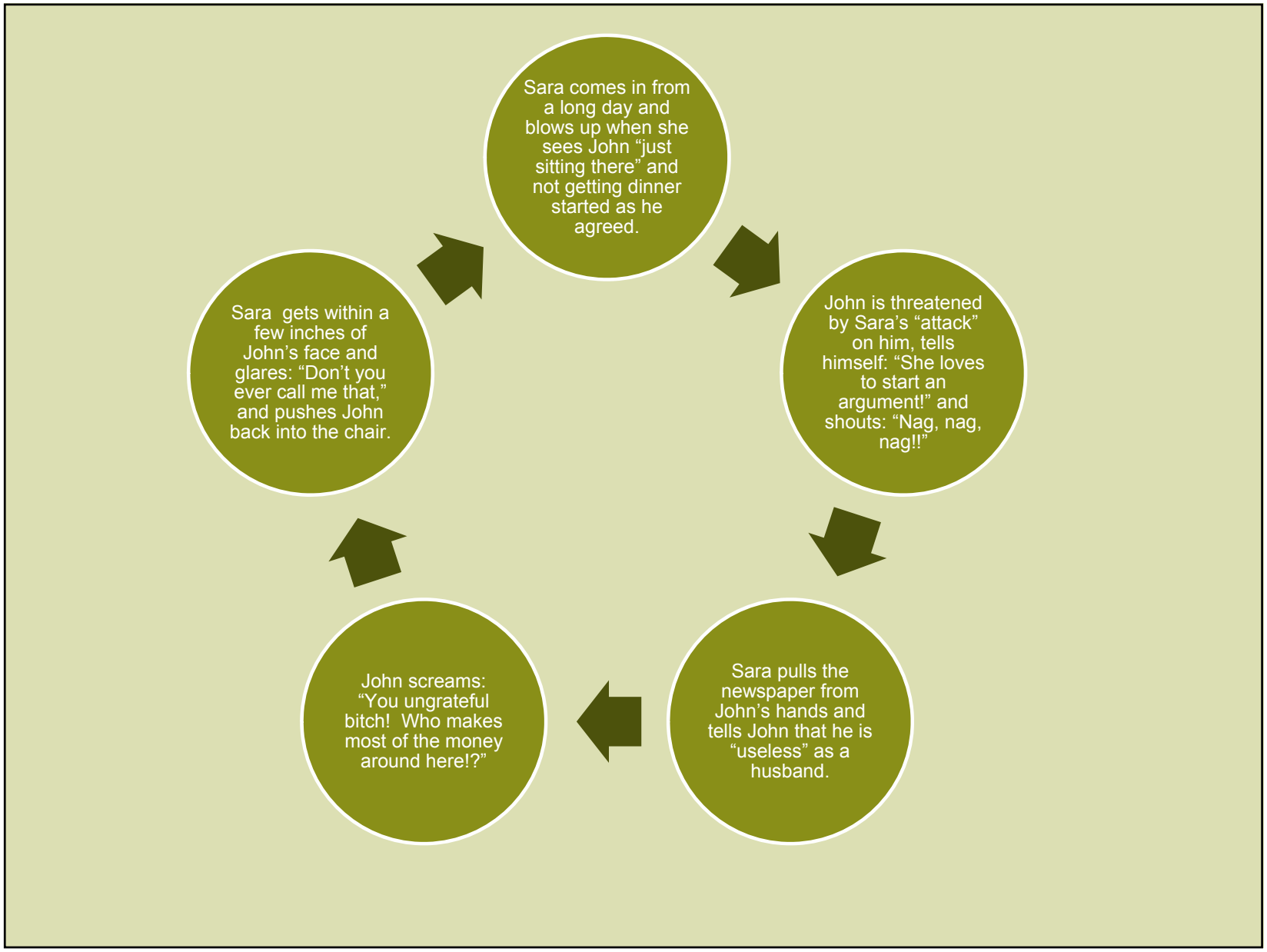
- Function at high levels of emotional arousal.
- Poor control of arousal leads to anger expression.
- Gradually escalating pattern of inappropriate anger expression. Often mutual.
- Takes responsibility for anger actions and feels and expresses credible remorse. Partner often accepts responsibility also.
- Better prognosis: High motivation to change. Since the problem is poor emotional regulation and inadequate coping skills, educational and therapeutic interventions are likely to alter anger expression.

Instrumental Aggression

- Goal is control and punishment to achieve an objective that is probably not shared by the victim.
- Perpetrators come from families where violence and neglect is prominent.
- No clear precipitants for violence.
- Escalation is rapid.
- Roles of perpetrator and victim are fixed.
- Perpetrator shows no credible remorse/more serious character traits.
- Prognosis is much more guarded/little motivation for counseling. Responds best to legal boundaries (e.g., threat of punishment).

The Dance of Conflict

- **Approach-Approach Patterns**
  - Mutual Expression of High Intensity
  - Faces: Hostility and Aggression
  - High Risk for Escalation of Violence
  - Often Blaming-Counter-Blaming—little insight into personal role in conflict
  - Critical Importance of Contractual Boundaries Prior to Couples Rx

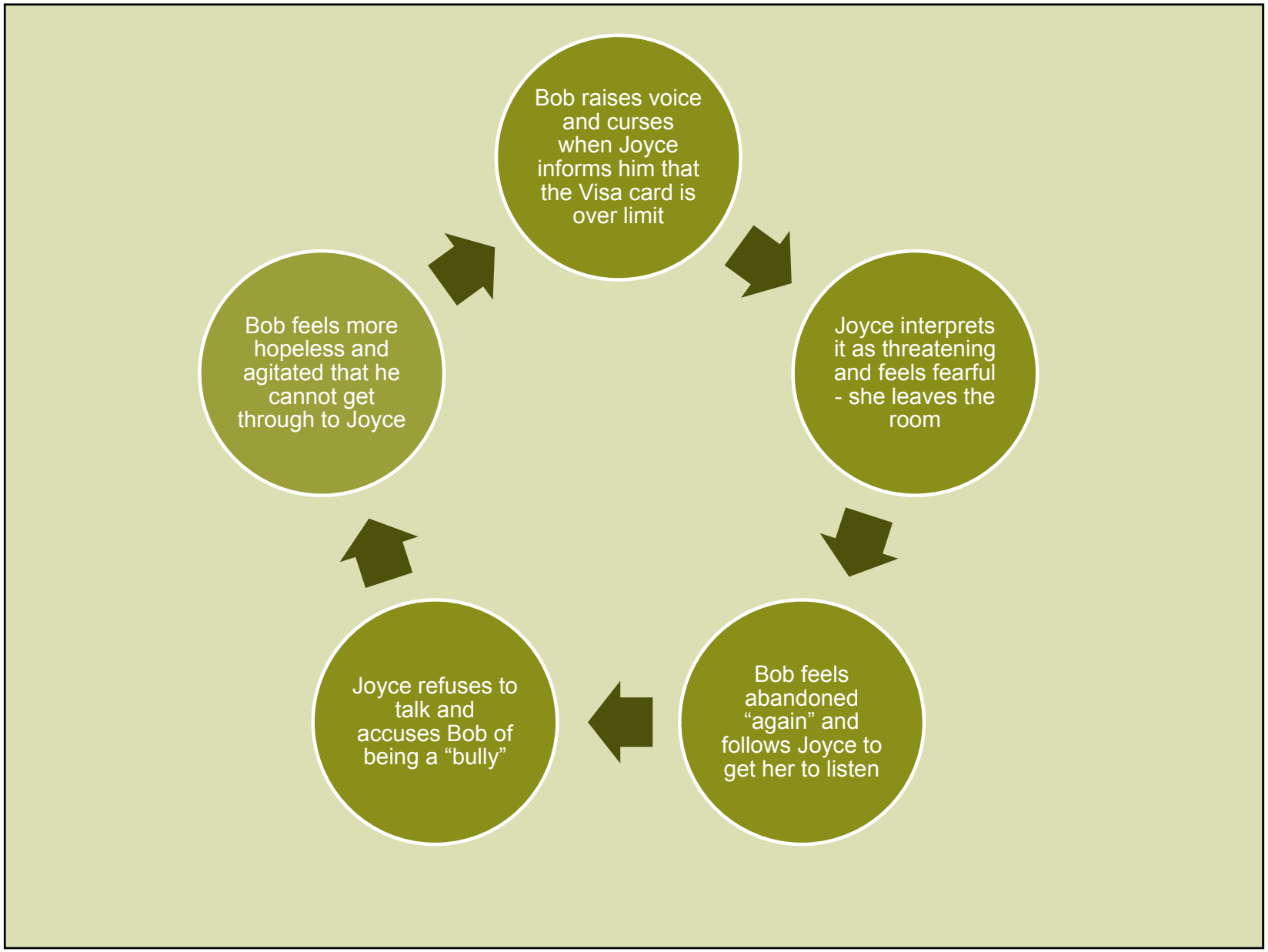

Sara comes in from a long day and blows up when she sees John “just sitting there” and not getting dinner started as he agreed.
John is threatened by Sara’s “attack” on him, tells himself: “She loves to start an argument!” and shouts: “Nag, nag, nag!!”
Sara pulls the newspaper from John’s hands and tells John that he is “useless” as a husband.
John screams: “You ungrateful bitch! Who makes most of the money around here!?”
Sara gets within a few inches of John’s face and glares: “Don’t you ever call me that,” and pushes John back into the chair.

Dance of Conflict (continued)

- **Approach-Avoidant Patterns**
  - Fixed Roles: one partner seeks out/other partner avoids (active versus passive roles)
  - High risk of abuse/violence
  - Often Instrumental Abuse: one partner subjugating other based on power and control. Classic Power/Control Wheel style

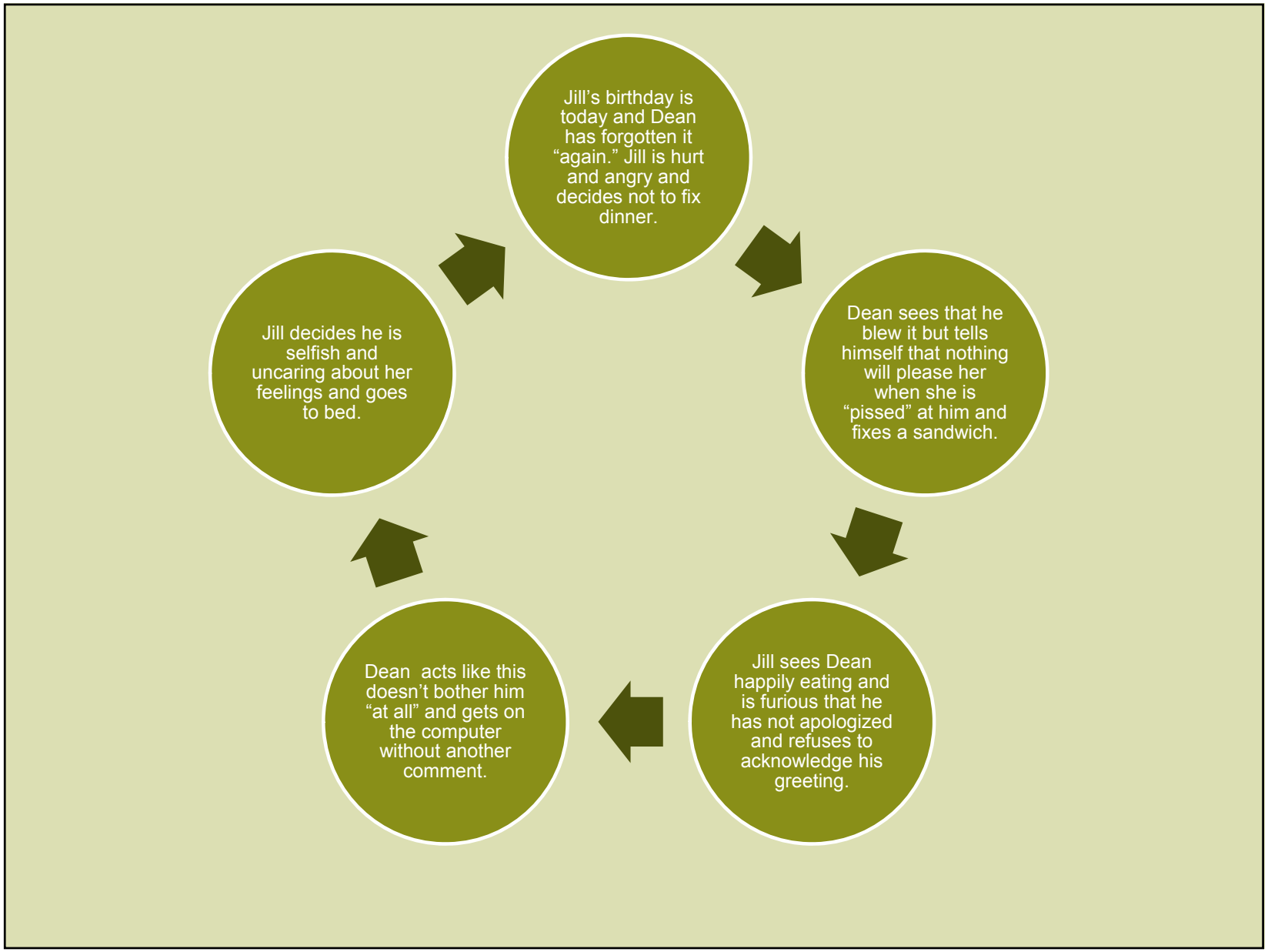
Dance of Conflict (continued)

- **Approach-Avoidant Patterns** (cont.)
  - Faces of Anger:
    - Seeker: Hostility, Aggression or Sarcasm
    - Avoider: Withdraws, sometimes Passive-Aggressive or Cold Anger
    - Classic Lerner "Overfunctioning / Underfunctioning"
    - Prognosis moderately positive if seeker is not instrumentally aggressive and both receive individual and couples Rx. Avoider must be strengthened (see Nay's A-E model; Nay 2010)


Bob raises voice and curses when Joyce informs him that the Visa card is over limit
Joyce interprets it as threatening and feels fearful - she leaves the room
Bob feels abandoned “again” and follows Joyce to get her to listen
Joyce refuses to talk and accuses Bob of being a “bully”
Bob feels more hopeless and agitated that he cannot get through to Joyce

Dance of Conflict (continued)

- **Avoidant-Avoidant Patterns**
  - Mutual avoidance of conflict resolution
  - Faces of Anger: Passive-Aggression or Cold Anger--sometimes for extended periods
  - Little energy for treatment--a kind of entropy
  - “Quid Pro Quo Style” of withholding: “I’m not happy so you aren’t going to be happy!”
  - Very low risk of violence
  - Poor prognosis for change


Jill's birthday is today and Dean has forgotten it "again." Jill is hurt and angry and decides not to fix dinner.
Dean sees that he blew it but tells himself that nothing will please her when she is "pissed" at him and fixes a sandwich.
Jill sees Dean happily eating and is furious that he has not apologized and refuses to acknowledge his greeting.
Dean acts like this doesn't bother him "at all" and gets on the computer without another comment.
Jill decides he is selfish and uncaring about her feelings and goes to bed.

III. Key Components of Anger Regulation: The "STOP" model

- **1. Stop** – Engaging prefrontal cortex to shift attention, inhibit arousal and regulate its level.
  - Examine what unmet expectation triggered your anger.
  - Use your anger scale to assess when your anger arousal is beginning to rise.
  - Implement Self-instruction, Sit, Signal breath to dampen arousal.

- **2. Think** – Engaging the orbitofrontal cortex to assess social, emotional and somatic cues and to identify thoughts that evoked threat and arousal.
  - Identifying dysfunctional beliefs and resulting expectations and "self-talk."
- **3. Observing and Objectifying** – Considering the objective past and presenting facts about the other person, yourself and the situation to reduce threat/limbic activation.
- **4. Plan** – Crafting new habits to effectively confront and resolve anger provocation and life conflicts by retraining the habit brain, the basal ganglia.
  - What can you do to solve this problem?

1. Stop: Identifying and Reducing Arousal Quickly and Effectively so Calm Thinking Can Occur

Expectations as Triggers: Anger is elicited when expectations are not met. So choose realistic expectations.

- Self: physical and intellectual performance (e.g., academics, sports, peer acceptance, appearance)
- Others [spouse, children, co-workers, friends]: e.g., fairness and equity, roles and authority, acceptance, affirmation and quality of life
- How things go in the world: e.g., how things "should" work, how children "should" act, what a friend "should" do, what the rules "should" be. What are expectations as to how marriage/family life "should" go.

Expectations (continued)

- **Previewing and Planning**: Set realistic expectations. Figure out and picture what you will do (a plan) to stay cool and avoid making things worse. For example:
  - "I am about to drive to work on the Beltway and likely will be backed up at Rt. 665—need to focus on a book on tape and let it go."
  - "My wife has been 10-15 minutes late for most things and I can cope with it by getting online while I wait and understanding she just wants to look nice—it's not personal."
  - "It is getting late in the day and the kids have been shopping for over three hours. If I go to Macy's it is likely that Joseph will have a meltdown and I need to ask my husband to take him to lunch while I shop."

Pinpointing Anger Early On and Dampening Arousal

- Anger Scaling
- Signal Breathing - diaphragmatic breath inhaled through nose and exhaled to a 10 count
- Mindfulness Training
- Autogenic Training - silently stating a relaxing phrase tied to moderate breathing
- Progressive Muscle Relaxation - systematically tensing and relaxing each muscle group
  - Whole or part body tensing/letting go

Anger Scale: John

RATINGS	PHYSICAL SENSATIONS	DESIRED BEHAVIORS
0-20	I feel calm. My face feels cool. My shoulders feel loose, my breathing is slow and relaxed.	Awareness of self
21-40	My shoulders are getting tight. I notice that my breathing is a bit more rapid.	Be aware of body—“signal breathing” as needed - use a self-instructional phrase to stay focused.
41-60	My shoulders are very tense and tight. My face is beginning to get hot.	Begin “STOP” method: STOP (sit, signal breath, count down anger), THINK, OBJECTIFY, PLAN. Take time out if cannot reduce tension below “60.”
61-80	My face is on fire. My shoulders and neck feel really tight. I want to pace.	Should be gone before you reach this level. If not, leave immediately.
81-100	I am pacing and loud and all my body is tense.	Should be gone well before this.

Dampening Arousal

- When your anger is clearly triggered as indicated by your anger scale above “30,” tell yourself in your loudest inner voice to “Stop, Right Now!” Picture a bright red stop sign or someone’s face who could get you to stop.
- Take a deep signal breath, sit down if possible and lean back / loosen your shoulder and arms.
- If the other person gets louder, you get softer. You are in control (don’t “Stairstep”).
- If you can’t reduce below “50,” take a timeout using stop phrases (leave the situation for at least 20 minutes).

Mindfulness to dampen arousal

1.

Sit cross-legged on a cushion on the floor or in a chair. Keep your back straight and let your shoulders drop. Take a deep breath and close your eyes if you wish.

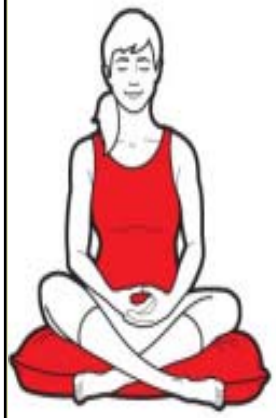
2.

Notice your breath. Don't change your breathing, but focus on the sensation of air moving in and out of your lungs.

3.

As thoughts come into your mind and distract you from your breathing, acknowledge those thoughts and then return to focusing on your breathing each time.

Mindfulness to dampen arousal



4.

Don't judge yourself or try to ignore distractions. Your job is simply to notice that your mind has wandered and to bring your attention back to your breathing.

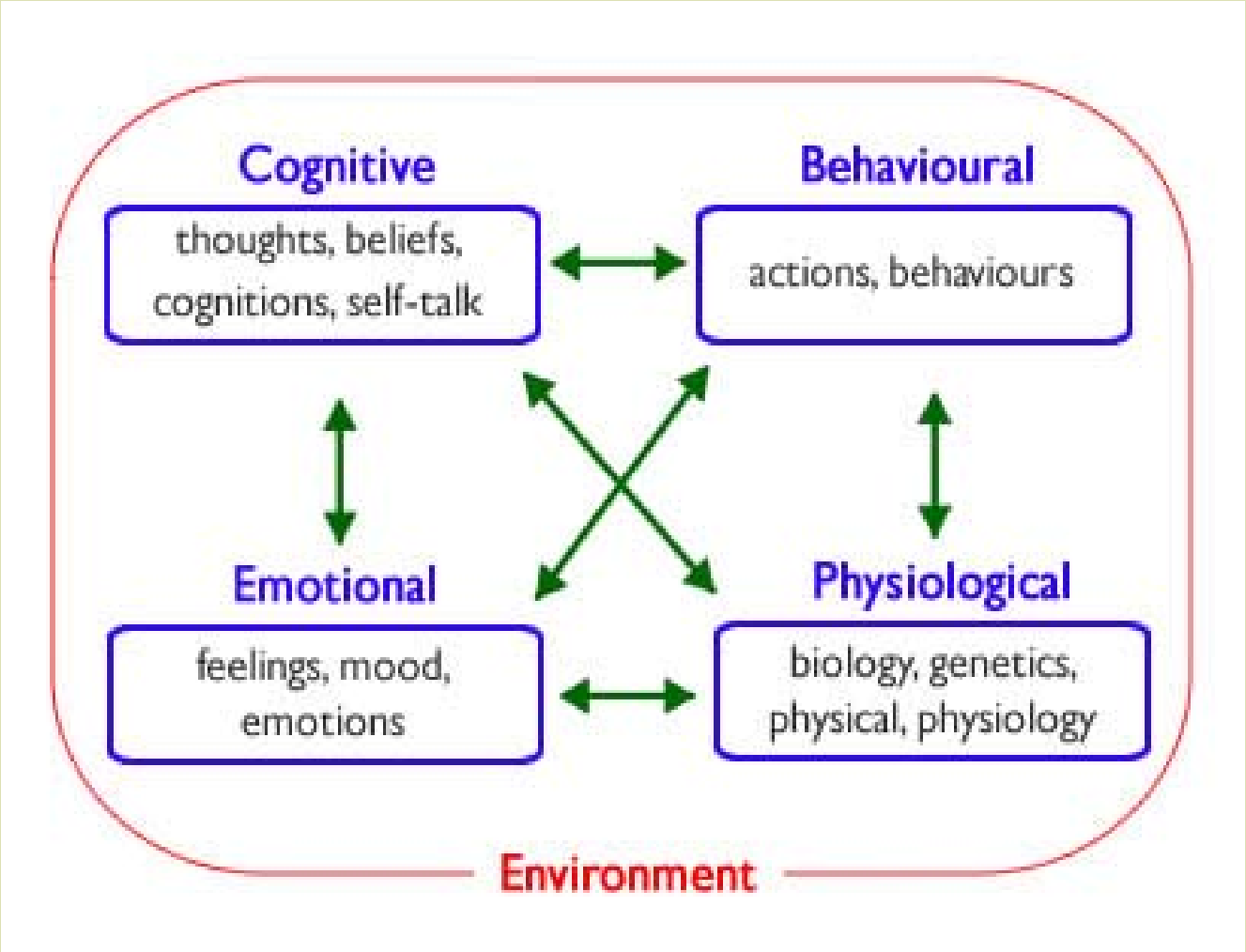
5.

Start by doing this 10 minutes a day for a week. The more you meditate regularly, the easier it will be to keep your attention where you want it.

2. Think: Identifying the Thinking that Is Fueling Anger.

- What self-talk is most upsetting right now? *Jason doesn't like me and will do anything to undermine my relationship with Barbara.*
- Answer the Three Questions:
  - **Is it a fact?** No. I have no idea what is inside that kid's head. He has never said he wants me gone.
  - **Is it calming you?** Not at all. I am getting more furious with Jason and his Mom for letting him get away with things.
  - **Is it giving you good ideas to get what you want?** No. It is only making me hate this kid.

Cognition, Emotions and Behavior



Cognitive Distortions Related to Anger Provocation

- **Personalizing** - Viewing another person's statements or actions as directed towards YOU, usually in a negative manner (e.g., feeling criticized; singled out; the focus of dislike or disapproval), when that person may not have specifically addressed you or your behavior.
- **All or Nothing Thinking** - Seeing others, situations and events in categories that are extreme; not seeing the "shades of gray," but only the black and white or "all or nothing" of an issue. For example: seeing good vs. bad; all or nothing; right or wrong; success vs. failure, always vs. never.

Cognitive Distortions (continued)

- **Negative Filtering** - Of the many parts of a communication or event, focusing in on the most critical, negative or threatening portions. Other less threatening or positive portions are ignored. e.g., Only think of the worst thing your friend said.
- **Forecasting** - Predicting what negative event or outcome will occur in the future before it has even happened. e.g., “I know she will start an argument as soon as I walk through the door.”
- **Mindreading Motives or Intent** - Trying to read the other’s mind when you don’t really know what she/he thinks and feels. e.g., "I know she doesn't want to give me the [promotion; grade; thing].”

Cognitive Distortions (continued)

- **Awfulizing/Catastrophizing** - Enlarging the most threatening parts of what happened or someone said to you by exaggerating the awfulness or catastrophically viewing its impact on you. In contrast, reducing or discounting the most positive parts of what happened, or minimizing your ability to manage it (e.g., "It's awful [terrible; unbelievable])."
- **Emotional Reasoning** - Taking your emotional experience at face value and reasoning/making decisions based on how you feel with no regard to the underlying facts. (e.g, "I feel anxious with John, there is something he is covering up.")
- **Labeling / Name-Calling** - Using negative names or labels; not focusing on the behavior in the now, but seeing the other person as a thing, an object, or extreme case (e.g., idiot; piece of crap; stupid, S.O.B.; incompetent).

Cognitive Distortions (continued)

- **Thresholding** - Thoughts that limit what you think you can stand—which makes it more likely that you will blowup if these things happen. Often in the form: "If X (the other person's words or actions) continues, I will (specifies behavior: "lose it"; "shut her mouth for her"; "let him have it"; "go nuts"). e.g., "I can't stand his mouth," or "One more word and I'll lose it! "
- **Narrowing** - Seeing a situation from a singular frame (e.g., hopelessness, threat) which narrows your options to a few (e.g., quitting your job, ending an important relationship, violence/suicide).

3. Objectify: Replace Anger Thinking with Rational Self-talk

- Think of the **facts** that can affect you! – a "Camera Check"
  - Jason is 16 years old and is pretty much focused on his friends—wants to be with them as much as he can—like I did at that age.
  - He came in an hour late after being out with a friend who we know and is a good kid. How important will this be by tomorrow to our lives?
  - Wait. Stop right now. If I let him get to me I lose it and Jason learns nothing other than his step-dad is a hothead and Barbara is likely to get mad at me. I control how I react and I choose to stay calm.

John's Stop (continued)

- Think of a **less threatening** reason others acted the way they did, like these:
  - He is likely more interested in what he wants to do than in making me miserable. It's not personal.
  - He may have been in a bad mood today. The more I think about it, he was up late trying to ace his chemistry final. He is usually in a much better mood.
  - His reaction to me was understandable given that I yelled and jumped all over him before he could even sit down.

John's Stop (continued)

- Ask yourself what your **strengths** are that can help you cope with this "new" step-father role.
  - I am usually a good communicator with my friends and at my job. I usually sit down and listen before I draw conclusions and am able to be calm. Hell, I got an award at work for leadership.
  - I am good a problem-solving and coming up with successful solutions. I am letting this situation get way out of hand and not doing what I know best: sit down and listen to Jason, figure out what he wants and what I want from our relationship and develop a plan together that is win-win. Wouldn't hurt to try this--much better than fuming.

The Three Criteria

- Is my thought based on **Objective Fact** or **Likely Probability** ("camera check")?
- Is my thought helping me **Feel and Act** the way I **Need** to?
- Is my thought helping me to **Plan**, **Prepare**, and **Problem-Solve** the situation I'm faced with?

- Group Exercise: Take a moment and think of the last time you got really mad: What was the most upsetting thought about the other person or situation? Now subject that thought to the three criteria. Which of the criteria does your thought agree with, if any? If it doesn't agree with one or more criteria it is probably contributing to your anger and should be changed.

COGNITIVE RESTRUCTURING PROTOCOL (CRP) - JOHN

SITUATION (A): Where, when, who- JASON IS TRYING TO MAKE US MISERABLE BY VIOLATING OUR RULES. HE CAME HOME AT 2 AM AND WAS ACTUALLY ANGRY AT ME FOR CALLING HIM ON IT.	**CAMERA CHECK (A1): Videocam view -** HE CAME IN AT 2 AM. HE SAID HIS FRIEND'S GIRLFRIEND WAS DRUNK AND PASSING OUT AND THEY HAD TO TAKE HER HOME AND THIS MADE HIM LATE.
AUTOMATIC THOUGHTS/IMAGES (B) - **1.** HE IS PURPOSEFULLY TRYING TO RUIN OUR MARRIAGE.	**REBUTTALS/REFRAMES (B1): objective facts; feel/act; plan/prep/p.s. -** **1.** HE WAS LATE BY 2 HOURS. I DON'T KNOW HIS MOTIVES AND AM NOT A MINDREADER. I NEED TO FEEL CALM AND DISCUSS THIS WITH BARBARA IN THE MORNING.
2. HE CLEARLY HATES ME AND WILL DO ANYTHING TO MAKE ME UPSET.	**2.** THE FACTS ARE HE NEVER SAID THAT. HE IS A TEENAGER AND I CAN HANDLE IT. I NEED TO FEEL CALM AND WE NEED TO COME UP WITH AN APPROPRIATE CONSEQUENCE.

CRP-JOHN (cont.)

3. HE IS DESTROYING MY LIFE.	**3.** THE FACTS ARE THAT HE IS 16 YEARS OLD AND HAS NO POWER OVER ME. I NEED TO RECALL WHEN I WAS 16 AND GIVE HIM SOME SPACE.
SELF-TALK ABOUT MY FEELINGS (D) - I AM SO ANGRY I CAN'T STAND IT	**HOW I WOULD LIKE TO THINK (D1) -** I CONTROL HOW I THINK AND ACT. I CAN BE CALM AS HE IS DOING ADOLESCENT THINGS.
WHAT I DID/SAID: BEHAVIOR (E) - I TOLD HIM THAT HE WAS RUINING ANY CHANCE WE COULD BE FRIENDS. I SAID HE WAS RUINING MY RELATIONSHIP WITH HIS MOM.	**HOW I WOULD LIKE TO BEHAVE (E1) -** TO HAVE CALMLY TOLD HIM HE WAS LATE AND THERE WOULD BE CONSEQUENCES AFTER I SPOKE WITH HIS MOM. TO TELL HIM I WAS DISAPPOINTED IN HIM AND TO ASK HIM TO WORK WITH US BETTER. TO TALK WITH HIM AND NOT LECTURE HIM.

4. Plan: What can be done to solve the fact-based problem

- Now problem-solve a plan to stay calm and approach the situation differently:
  - I will take a few signal breaths and focus on relaxing my shoulders. This is just not worth getting upset over.
  - I will sit down with Barbara and Jason and work out a contract as to how we expect him to behave and the rewards and consequences of his actions.
  - I will spend more time with Jason when I am not disciplining to build a better relationship.

IV. Rules of Engagement: When Confronting an Angry Person/Client

- Assessing Anger Arousal
  - Non-verbal Indicants
  - Voice/Paralinguistic Signs of Arousal
- Defusing Anger Before Arousal Increases to Disinhibitory Levels
- Assessing Risk of Violence
  - Risk factors
  - When to seek help
  - Duty to warn while trying to preserve the therapeutic relationship
- Assessing dysfunctional responses to anger

Signs of Possible Anger Arousal to Look for in Another

- Facial expression.
- Face flushed due to blood vessels dilating.
- Staring or ”glaring” at you. Pupils dilated. Or absence of eye contact.
- Shaking head “no” as you talk.
- Body position/movements.
- Stepping into your space/getting too close.
- Pacing.
- Choppy/aggressive hand/ arm movements. Pointing finger at you.
- Any form of touching you when angry, even if not hurtful (e.g., holding you back, finger poking, blocking your path).
- Leaving situation. Not facing you/turning away.

Signs of Possible Anger Arousal to Look for In Another

- Voice tone and manner.
- Raising voice. Yelling to make a point. Or speaking in an unusually low tone.
- Laughing when obviously angry/sarcastic tone.
- “Stonewalling” (refusing to talk). Minimal responses, like: “Whatever!” and “Right!”
- Interrupting you.
- Content of statements.
- Cursing of any kind.
- Very hurtful criticism of you or your personal traits.
- Name-calling or using inflammatory/ words about you or others.
- Immediately blaming you.

Defusing Another's Anger

- **Model a Relaxed Posture** - Utilize the impact of body position and gestures on how another reacts to you.
  - Invite the other to be seated if you are both standing. Immediately this reduces physiological tension. If the other refuses, you sit and use a conditional suggestion: "I wish you would sit so I can relax and just listen."
  - Lean back and try to breath more slowly and rhythmically and the other is very likely to copy ("pace") what you do.
  - Make your gestures more smooth and relaxed and as you look at the other show interest.

Defusing (cont.)

- **Keep your distance** - Do not step towards the other person – keep at least two to three arm's lengths away – as getting closer increases risk.
- **Don't "Stairstep" your voice** - If other starts getting louder, you stay at the same normal voice level or get a bit softer.
- **If anger continues to escalate call a "Stop"** - "This feels pretty intense and out-of-control right now and I think we need to talk later."

Defusing Another

- **Calm Clarifying** - Ask other for more information—gives you time to dampen arousal and plan a strategy.
  - "It would really help if you could tell me exactly what you mean by my being 'selfish' and exactly when you think I am."
- **Mirroring** - Repeat back the essence of what the other said so he/she can hear your impact.
  - "What I hear you saying is that you think I never call Mom and Dad and that you carry the entire load of caring for them. Is that right?"

Defusing Another

- **Content to Process Shift** - Ask the other for a pause so you can both discuss how the conversation could be improved—focus on the process of how you are communicating. May need some ground rules.
  - "It feels like we are getting off the topic and this is getting intense. What if we talk about how we can discuss this issue better. I would suggest that I listen to you for as long as it takes to get out your ideas, then you listen to my points the same way. And that we try to keep our voices calm. What do you think would help us stay on track?"

Defusing Another (continued)

- **Agreement In Fact** - Agree quickly with anything you can agree with to “take the wind” out of the other’s sails.
- **Agreement in Principle** - While not agreeing with the specific allegation someone makes, agree with the principle behind it.
  - “While I don’t agree that I ‘never’ call Mom and Dad, let’s not quibble over that. I do agree with your main point that we should try to do more for them. I intend to try.”
- **Avoiding “Stairstepping”**: When the other gets louder, don’t escalate, but instead stay level or even bring your voice lower, down the “stairs” of intensity.

Defusing Another (continued)

- **The "Broken Record"** - When you are making a reasonable request, continue to calmly repeat your request until the other hears you. This works if you are patient in most circumstances. If not, use a STOP phrase (see below).
  - "I really do intend to call our parents more often."
  - "As I said I will call them, perhaps this weekend."
  - "When I call them, as I've agreed, I know we will both feel better about it."

Defusing Another (continued)

- **Suggest a "STOP"** if you feel threatened or very angry (above a 60 on your anger scale) or the conversation is going nowhere. Let the other know that you need to take a break to think things over. Make it clear that this is not negotiable.
  - "This discussion feels really intense and I think we need to pause for a while to collect our thoughts. I will seek you out later on to see when we can arrange to continue."

Aggression and Abuse: Risk Factors for Violence*

- Past Violence to Partner or in Intimate Relationships
- Risk Increases if Violence is:
  - More Severe or Causes Injury
  - Frequent
  - Planned or Deliberate
  - Occurring In Other Non-relationship Situations
  - Emotional or Verbal Abuse in Current or Past Relationships
  - Being a Victim of Physical or Emotional Abuse in Childhood
  - Alcohol Abuse or Dependence; Drug Abuse
  - Threats to Harm Self or Others

*Whitaker & Lutzker, 2009; O'Leary & Woodin, 2009

Risk Factors (continued)*

- Schizophrenia if Accompanied by Substance Abuse; Paranoia / Delusions That the Person is Being Persecuted; Bipolar Disorder
- Severe Personality Disturbance or Disorder
- Psychopathy
- Attachment-type Personality Disorders like: Borderline, Narcissistic, Histrionic, Antisocial or Paranoid
- High Levels of Poorly Regulated Anger or Hostility
- Severe Situational Stress (e.g., job loss, financial stress)
- Attitudes Supporting Power and Control or Violence
- Presence of Weapons

*Whitaker & Lutzker, 2009; O'Leary & Woodin, 2009

When to Seek Help: Guidelines

From U.S. Department of Justice: Top Five Risk Factors for Domestic Violence Homicide:

- Has abuser ever used or threatened to use a gun, knife, or other weapon?
- Ever threatened to kill or injure victim?
- Ever tried to strangle (choke) victim?
- Is abuser violently or constantly jealous?
- Has abuser ever forced victim to have sex?

- Nay: If victim feels scared or believes he or she is in peril, suggest a safety plan at minimum and consider with the client avoiding the potential abuser (via geographic or legal means).

Intimate Relationships: Emotions, Goals and Actions In Response to Threatening Faces of Anger (From Nay, 2010)

CORE EMOTION	GOAL	ACTION
ANXIETY	AVOIDING	EDITING REDIRECTING RESCHEDULING
GUILT	ATONING	RATIONALIZING PLACATING
ANGER	DEFENDING PUNISHING	JUSTIFYING PASSIVE –AGG/ WITHRAWAL HOSTILITY AGGRESSING
FEAR	STAYING SAFE	SUBJUGATING/ SURRENDERING SHUTTING DOWN

Unhelpful Reactions to Partner's Anger (cont.)

- **Editing**
  - You have begun to edit what you say around your partner. Melanie was in the habit of choosing her words carefully and trying to tone down her emotions so that her husband wouldn't get upset. After a while her editing became automatic and she began to feel more removed from honest dialogue with her husband.

Unhelpful Reactions to Partner's Anger (cont.)

- **Redirecting / Rescheduling**
  - You try to stage-manage your life to avoid possible anger episodes.
    - Maybe when the kids start to get noisy, you shoo them into another room to play so your spouse doesn't get irritated.
    - You steer your partner toward innocuous topics or arrange your social calendar to avoid events where your partner might act irritable or withdraw or even make a scene out of anger at feeling forced to attend or to be around someone your partner dislikes (e.g., your parents).

Unhelpful Reactions to Partner's Anger (cont.)

- **Rationalizing**: This is when you try to talk yourself into excusing or explaining your partner's anger actions as somehow acceptable, even though at some level you know they are out of bounds. Versions of these mental gymnastics include:
  - **Stress**: "She is just so stressed that she can't help getting upset—wouldn't anyone?"
  - **Legitimacy**: You justify being treated this way because his partner has "good" reason to be mad.
  - **Personality**: "He is just a hot-blooded person. And he can't help it." "She has always been impatient and intense--it's just the way she is!" The justification is that being hostile or passive-aggressive is a personality trait and it is unrealistic to expect the person to change.

Unhelpful Reactions to Partner's Anger (cont.)

- **Stability**
  - Putting up with the person's anger is justified as a way of keeping the peace—at almost any price.
    - "So she gets angry and we all hate it, but it is just not worth ruining a whole weekend with arguing to call her on it." The message the angry person gets is "I can let off some steam any way I want—no problem."
- **Justifying**
  - You can't let go of the clearly unfair things your partner says when he's angry. You feel you must rise to the occasion and defend each insult, misstatement, or unfair characterization even though it seems to lead to never-ending arguing.

Unhelpful Reactions to Partner's Anger (cont.)

- **Passive-Aggression/Withdrawal**: This face of anger, meant to punish and bring about change, involves withholding what the partner wants or doing the opposite (e.g., Nancy would cook a meal John disliked when angry with him) or emotionally and even physically withdrawing (e.g., Nancy often refused sexual intimacy for days at a time to let John know how unhappy she was).
- **Hostility/Criticism**: If you've ever stood in line with someone who was "fuming" with impatience, mumbling under his breath and highly stressed and irritated, you know what hostility is. When you're hostile, it's more likely that you will be critical and unrelenting in expressing your dissatisfaction with what your partner does that fails to meet your expectations.

Unhelpful Reactions to Partner's Anger (cont.)

- **Aggressing**
  - When anger actions are meant to hurt or harm, they become aggressive. Aggression can be expressed with hurtful words like name-calling or putdowns or of course with violent actions (any touch that is unwanted, including pushing, shoving, hitting, throwing, blocking, and holding).
    - Some of my clients meet aggression from their partner with counter-aggression—or even exceed the intense and hurtful actions that they're faced with. Serious consequences can ensue when both partners express their anger aggressively.

Unhelpful Reactions to Partner's Anger (cont.)

- **Subjugating/Surrendering**
  - Because you are fearful of how your partner may act to potentially harm you or someone else you love, you may find yourself giving in and just going along, because you are just too frightened or immobilized to decide what you want in the situation. You're in effect surrendering your rights and responsibilities to yourself as a way of protecting yourself or others from verbal, physical, or emotional abuse.

Unhelpful Reactions to Partner's Anger (cont.)

- **Shutting down**
  - Some partners may begin to "shut down" emotionally and even physically, not able to function as before.
    - They may begin to miss social occasions, family events, work, or even retreat into using substances like alcohol or prescription drugs to get through the day.
    - The process of shutting down occurs when one's spirit, one's individual self, is so overpowered by another's aggression and threats that it begins to retreat into dysfunction.
    - It is imperative that this person get professional help and consider separating from the aggressive individual until both parties can get help to transform this sad and dysfunctional pattern. [From W.R. Nay (2010). Overcoming Anger in Your Relationship: How to Break the Cycle of Arguments, Putdowns and Stony Silences. New York: Guilford Press.]

Boundaries: When Important Needs are Blocked—the Basis of Defining Personal Boundaries

NEEDS	Partner Behaviors That Block Needs	Partner Behaviors That Support Needs
SAFETY & SECURITY	Threats Abusive Words/Actions Scary Outbursts/Rage Leaving	Calm Voice/Demeanor Reassurance Controlling Emotions Working Things Out
AFFIRMATION	Put-Downs Criticism/Contempt Withholding Intimacy	Praising/Affirming You Respect for Your Ideas Expressing Love and Care
ACHIEVEMENT	Discouraging Remarks Withholding Support Withholding Resources	Encouraging You Actively Contributing Helping You Succeed
PERSONAL CONTROL	Avoiding Commitments Unpredictable Actions Refusing to Talk	Taking Responsibility Being Dependable/Stable Collaborating With You

Expression of New Boundaries: A Case Example: Pamela and Jack

- **Current Behavior**: When Jack would raise his voice, Pamela would usually stop talking and let him vent his frustrations and anger until he "got it out." Pamela realized that by standing there and listening without setting a boundary he was getting to use her or others he yelled about as a kind of "whipping boy" for his ire. Jack got to make himself feel better by displacing his inappropriate anger onto her and others. He felt better, he often said, when he could "get out his anger."
- **New Assertive Behavior**: Pamela and I discussed and behaviorally practiced (with me "playing" Jack and her practicing) these new assertive expressions of her boundaries. We wanted her new actions to be easy to recall and practiced better ways of responding to his typical actions using assertive "I" statements and actions that were very direct, behaviorally specific and firm.

Expression of New Boundaries: A Case Example: Pamela and Jack

- When Jack would begin to raise his voice, Pamela would immediately raise her palm in a “stop” gesture while saying: “Jack, raising your voice is not acceptable if you want to discuss this with me. Let’s sit down (to immediately reduce his and her tension) and talk about this calmly.”
- If Jack sat and used a calm tone she would let him know that she appreciated it. She would not continue discussion unless this boundary was satisfied.

Expression of Boundaries: Pamela and Jack (continued)

- If Jack continued to raise his voice, she would use a technique called the “broken record,” calmly restating again her boundary. She would not use labels (“you’re acting like a maniac/abuser”), she would not “mind read” or pathologize him (“Clearly you don’t care about me or my feelings!” “You have a real problem with your anger”) or in any other way provoke or threaten him. She would just stick to her message with a calm voice, looking directly at him using non-verbal assertive tools.

Expression of Boundaries: Pamela and Jack (continued)

- If Jack still persisted in loud, intense talking she would call a "STOP," stating: "This feels too intense for me right now. I am stopping and will talk with you later when we can talk calmly." Pamela would get up and leave the situation, ignoring anything further Jack might say as a parting shot (e.g., "Come back here and talk." "Why do you always have to put me off!" etc.).
- Pamela has now communicated with her words and actions that the "key" to opening the door of communication with her is to use a calm, respectful tone of voice. She would no longer remain present if he violated her boundaries.

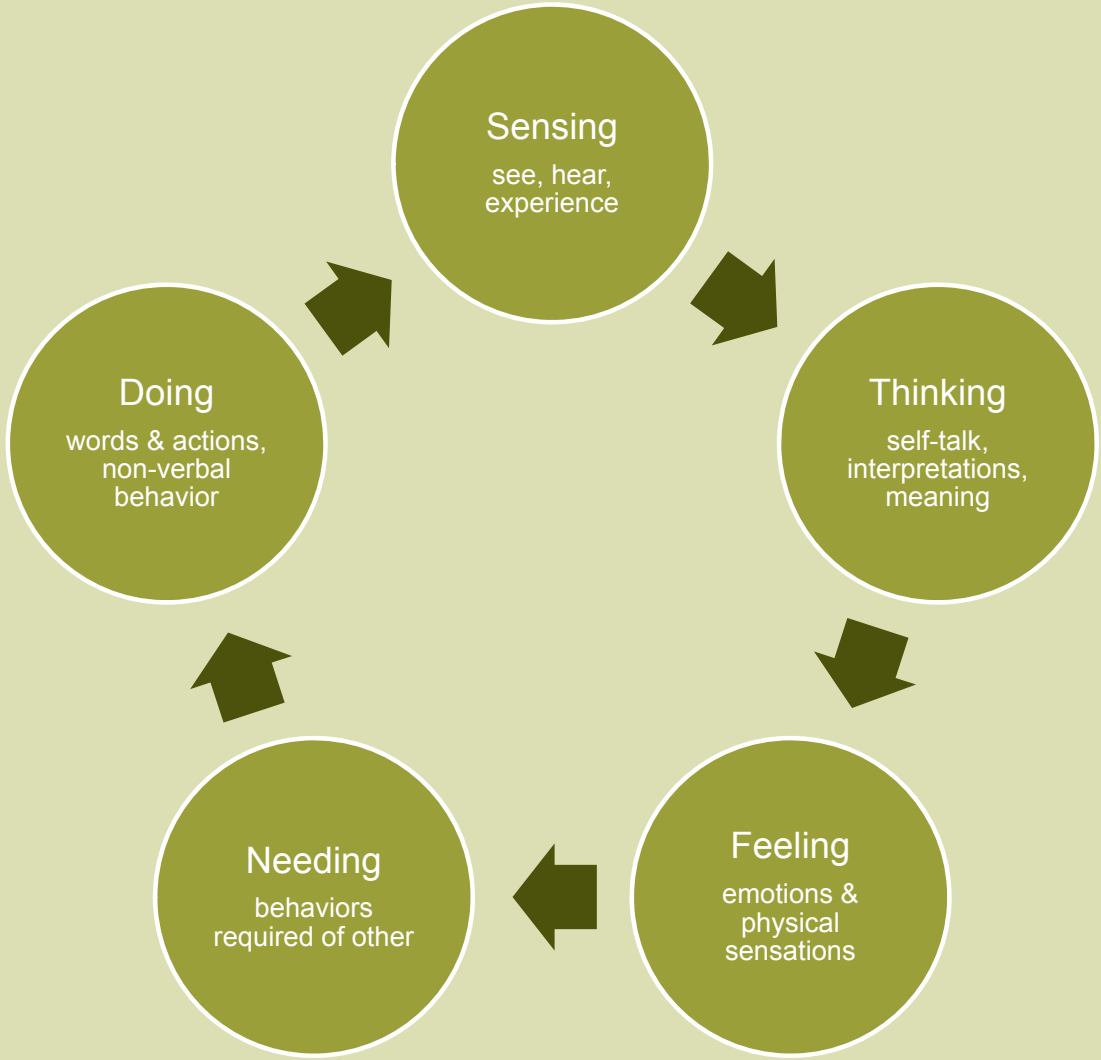
V. Collaborative Communication to Reduce Conflict and Resolve Issues

- **Awareness of Self**
  - Regardless of what the issue is (an example for Cara was how Sean treated her in front of her friends), you must first be aware of your thoughts and ideas, your feelings, and what you want to happen (your boundaries) to satisfy the needs for safety/security, affirmation, achievement, and control.
- **Awareness of Context**
  - Finding the right time and place to communicate this awareness to your partner is essential to reduce distractions and discomfort. Avoid situations where what you're doing--driving a car, eating in a restaurant--will likely distract your partner. Avoid embarrassing your partner by offering feedback in the presence of others.

Preparation to Communicate (continued)

- **Awareness of your Partner's Arousal Level**
  - Your partner's arousal level—the degree to which he or she is physiologically prepared to "fight or flee," plays a tremendous role in how your partner is likely to perceive and react to your heartfelt statement of your boundaries and needs. Recall the last times this person was clearly angry and aroused. What did you notice in your partner's facial expression, tone of voice, body position, and movements, as well as the content of his or her communications, right before and during the anger episode?

Awareness Wheel



The Outline of an “I” Message

- “When you said or did “x” or when “x” happened,”
- “I thought:_____”
- “I felt:_____”
- “In the future, I would appreciate:_____”
- “If you act in these new ways, I will be happy to listen to you and try to talk things out. If you revert to your old anger behavior, I will:_____”

Active Listening

- Body position: seated if possible, turned toward and facing the other, avoid violating personal space.
- Body gestures: smooth movements, avoiding distracting behaviors (e.g., shaking leg, arm crossed, head movement in disagreement, distracting behaviors, etc.)
- Facial expression: showing interest, significant eye contact without glaring, avoid frowning or immediately reacting when you disagree. 55% of your message is in your face.
- Voice: well modulated showing range of interest (not monotonic), keep volume at conversational level (avoid pacing when responding), avoid sarcastic edge.
- Behaviors: do not interrupt, show interest not impatience to speak, reflect feelings, ask clarifying questions without changing topic, paraphrase what you have heard.

Circuit-breaking (Nay, 2010)

- Each partner has two circuit-breakers: Self and Other
  - **Self** - Based on Anger Scaling, this is the first detectable sensation[s] (20-40) that anger is being aroused (e.g., shoulders get tight, face starts to feel warm, heart starts to race, throat getting tight).
  - **Other** - The first noticeable behaviors of the other that indicate, based on past experience, that anger is being aroused (e.g., gets louder, steps toward you, points finger, glares, swears).

Circuit-breaking (Nay, 2010)

- If either partner perceives a circuit breaker has occurred, that partner immediately suggests that both STOP: pause, be seated, loosen muscles, take a signal breath to a 10 exhale count and continue to use anger tools to decrease arousal.
- The discussion proceeds when each signify they are ready to proceed (when each reduces arousal to a 20 or less, by self report).
- If one or both cannot reduce arousal or if either feels that a circuit breaker continues to exist, an external STOP is called and the discussion is stopped for at least 20 minutes so that each can further make attempts to bring anger arousal under self-control. Talk only commences when both are comfortable.

Assertive Problem Solving

- Collaborative Problem Solving
  - Defining the problem
  - Brainstorming solutions - quality doesn't count
  - Defining areas of agreement
  - Reaching consensus
  - Agreeing on responsibilities and time frames

VI. Encountering and Coping With Setbacks

- Setbacks are expected
- Setbacks must be viewed objectively and not as a full regression
- Diagnosing a setback:
  - Just not enough practice to build new habit strength
  - One or more of the “Five Ss” have fueled arousal
  - Expectations must be reexamined
  - Resentment has not been resolved

Anger Interview

Following the collection of mental status and current identifying information, the cognitive-behavioral interview addresses:

Presenting Problem

Describe incident(s) that led to referral and/or internal decision that caused client to seek help. How feel? Remorse?

Describe behavior in context: who, where, others present

"A" Factors - what triggered the anger/acting out episode?

Review the "Five Ss" for the week prior to this:

1. Sleep - How many hours prior to incident? On the average?
2. Stress - What does a typical day look like? Stressors prior to anger incident?

Interview (cont.)

3. Substances - Alcohol use daily/weekly, prescription drugs and illegal drugs? Using alcohol or drugs prior to anger incident?

4. Sustenance - Eat at regular mealtimes? Use of sugar?

5. Sickness - Any illness, physical pain, chronic conditions?

Describe "B" and "D" Factors--cognitions.

Introduce idea of self-talk and self-instructions--use non-anger examples.

Have client reflect back over recent incident(s). Option--"close eyes and let projector run." Talk out loud--internal dialogue. Listen for cognitive distortions and underlying beliefs.

Have client describe any imagery or "pictures" in mind prior to/during anger episode.

Interview (cont.)

"**C" Factors--describe how felt/internal sensations--introduce concept of "anger scaling"--get client to define early signal of anger/stress arousal. Review:**

Cardiovascular (heart rate, breathing)

Musculoskeletal (muscle tightness: arms, neck, shoulders, jaw, face/scalp, back, legs)

Vascular (facial dilation/warmth, temp of hands, vascular headache aura/symptoms)

Gastrointestinal (stomach discomfort/acid, nausea, bowel/bladder, "butterflies", exacerbation of G.I. problems)

Interview (cont.)

"E" Factors - what was the face of anger--who was the behavior directed at?

Passive face of anger (withdrawal/passive-aggression)

Hostility or aggression (negative labeling, contempt, physical aggression - blocking/holding, touching in anger, violence)

Describe outcomes (positive and negative) of anger episode.

Probe for client's appraisal of his/her actions and how the outcome affected him/her.

Personal outcomes (e.g., tension, headache).

External outcomes (e.g., lost job, relationship stressed, arrested).

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Self-Assessment

Select the best answer for each statement or question:

1. Which of the following is *not* one of the five faces of anger:

a. aggression

b. hostility

c. manipulation

d. passive – aggression

2. The middle prefrontal cortex is importantly involved in all the following functions, except:

a. attunement

b. intuition

c. eye contact

d. fear modulation

3. The primary function of the sympathetic nervous system is:

a. motivation

b. survival

c. cleansing your body of toxins

d. hunger

4. Which of the following psychiatric conditions is *not* related to anger?:

a. major depression

b. generalized anxiety disorder

c. bipolar disorder

d. none of the above

5. The "Five Ss" refer to:

a. the five stages of sleep

b. the parts of the fully developed self

c. factors that can impact arousal

d. none of the above

6. Anger scaling refers to what important assessment?:

a. rating the degree to which you've hurt another person

b. describing how well you are able to control your anger

c. the degree to which your anger has escalated

d. the cost of aggression to society

7. The steps of forgiveness do *not* always include one of the following:

a. reconciliation

b. taking the other’s perspective

c. trying to see the other’s perspective

d. making a commitment

8. The “awareness wheel” can best be described as:

a. representing a circle of trust

b. describing aspects of your internal world

c. a technique to evaluate the effectiveness of an anger program

d, none of the above

9. An "I" message is best described as:

a. looking at the other person with direct eye contact

b. a form of self-centered behavior

c. a statement of personal thoughts, feelings and needs

d. how most narcissistic people communicate

10. The limbic system is:

a. a relatively recent addition to brain structure

b. the part of the brain that mediates threat

c. the seat of memory

d. inhibited when anger is aroused