Burt and Linda Pugach appear to have the perfect marriage, but their romance did not start out so happily in the late 1950s. When they started dating, Burt was married to another woman. He refused to divorce his wife, and Linda finally left him and became engaged to another man. Burt did not take this well. In 1959, he hired someone to throw acid in Linda's face when she answered her door. The attack left Linda blind and disfigured, a condition that Burt regrets to this day. Burt describes himself as simply overcome with anger. While it is incredible that Linda would then marry Burt in 1973 after he was released from prison for this crime, the more critical issue is the anger that motivated Burt to hurt her, and how his actions might have been prevented. Although this may be an extreme (though true) case, many other people also experience problems in their daily lives as a result of anger. A man might become physically violent whenever he perceives a slight to his honor or might refuse to speak to his children when they do not accept his advice. A woman might throw objects during disputes with her husband or spread malicious rumors about a talented colleague. In each case, actions that resulted from anger can cause social or professional problems.

Anger is a normal and common emotional experience. In some cases, however, anger can become dysfunctional because its intensity or duration impairs people's ability to function at work or home. There has been a dramatic upsurge in the number of people referred for anger management treatment in the last few decades. Despite recognition that many people suffer from problems related to anger that require therapy, there are no guidelines for diagnosis or treatment because anger is not currently recognized as a disorder by the mental health field.

What Is Anger?

Anger is experienced when someone or something blocks the attainment of an important goal. For example, a spouse may prevent one from feeling valued by making demeaning comments; a computer crash may prevent one from finishing a course paper. Whether a goal is still attainable with additional effort determines whether people feel angry or sad when they fail. In one study, children judged that a boy with an injured leg that prevented him from playing with his friends would feel sad if his injury was permanent, but angry if it was not permanent and could be overcome after resting the leg (Levine 1995). Experiencing anger when a goal is blocked can motivate people to exert more effort to attain their goal. For example, if a student's computer crashes while he is working on a course paper, feeling angry might motivate him to have the computer immediately repaired. He might also be more careful to back up his work in the future.

Anger has a number of effects on the mind and body (Eckhardt & Deffenbacher 1995). Anger is usually accompanied by physical arousal, causing the heart to beat faster, adrenaline to release, and the body to prepare for action. Anger is also associated with changes in cognition (how people think about the world around them). When angry, people tend to focus on and remember information related to their anger. Consider the man who hung up on his child. During their
argument he likely noticed that the child was not listening to what he had to say. He would remember all the other times this happened during previous arguments with his child. As a result of these thoughts, he would become even angrier, and would finally hang up. Anger is also expressed behaviorally, through aggressive facial expressions, actions, and verbalizations. These behavioral manifestations are often what observers use to identify whether someone is angry, and include a glowering look, physical aggression, offensive gestures, yelling, and cursing. Men and women are equally likely to experience intense anger, but men are more likely to aggress directly against people or objects, while women are more likely to aggress indirectly (e.g., gossiping, excluding people from groups).

Anger Disorders

Anger is a central component of one psychiatric disorder in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, which is the official manual used by clinicians for the diagnosis of mental disorders (American Psychiatric Association 2000). Intermittent explosive disorder is an impulse control disorder characterized by discrete episodes of aggression out of proportion to the situation. Irritability and rage are mentioned as potential symptoms, but are not required. Outbursts of anger and aggression are also mentioned as criteria for several personality disorders, including paranoid personality disorder, antisocial personality disorder, and borderline personality disorder. Problematic anger is often conceptualized as a subtype of existing mood disorders. For example, a person with frequent episodes of anger and aggression who is also suffering from depression would be diagnosed as having a depressive disorder “not otherwise specified.” There is evidence, however, that people may experience dysfunctional anger without simultaneous symptoms of anxiety or depression. The next edition of the DSM (fifth edition) will include temper dysregulation disorder with dysphoria. This disorder is characterized by severe recurrent temper outbursts in response to common stressors within a background of chronic irritable mood and an onset in childhood.

Others have proposed multiple comprehensive categories for anger disorders similar to those in place for depressive and anxiety disorders. These diagnoses would differentiate anger disorders that involve (a) acute reactions to temporary stresses, (b) patterns of intense anger out of proportion to the situation, and (c) chronic anger, and could help to identify and treat anger problems before the individual develops a serious illness (Eckhardt & Deffenbacher 1995). These include adjustment disorder with angry mood (characterized by disproportionate angry mood, but little aggression or interference with daily life, in response to specific stressors), situational adjustment with/without aggression (characterized by consistent and intense reactions to specific events, which results in disruption of social, work, or school activities), and general anger disorder with/without aggression (characterized by chronic and pervasive anger that interferes with daily life). Early identification of these disorders could help to reduce the financial and moral burdens of anger disorders on society. More research is needed, however, to determine whether these potential diagnoses would capture important aspects of people’s experiences with dysfunctional anger.

Are Anger and Aggression Always Bad?

Anger has long been blamed for incidents of tragic violence and many other societal ills. In ancient times, anger was seen as a form of madness, and outbursts were condemned. In contrast, Aristotle regarded properly controlled anger as useful under certain circumstances because it motivates people to prevent injustice. One of the benefits of anger is that it motivates additional effort toward goals and behavioral changes, possibly because anger makes people feel empowered and in control. In fact, angry people and the targets of anger report that anger often leads to positive outcomes, including conflict resolution (Averill 1983).

It is possible for a person to be angry without being violent or aggressive, just as it is possible for a person to be aggressive without first being angry. For example, someone can be aggressive in pressuring others to behave in a way that suits him or her, but the person doing so may not be acting out of anger. In fact, aggression rarely follows episodes of anger. Averill (1983) asked a large
number of people to describe angry episodes in their lives. They reported physical aggression in only 10 percent of angry episodes, and verbal aggression in only half of angry episodes. Both types of aggression were reported less often than was talking about the problem and doing something to calm down. Aggression is thus only one of the behaviors that can follow anger, and may be an attempt to deal with blocked goals when other, more adaptive attempts prove unsuccessful.

How Does One Tell If Anger Is Dysfunctional?

Anger is often adaptive and undeserving of its bad reputation, but it can precipitate violence and aggression. Anger can cause people to remember things that made them angry in the past, and prime them to respond aggressively (Anderson & Bushman 2002). It can also reduce normal restraints and make aggressive responses feel more justified. In addition, anger may strain the cognitive resources required to control behavior. Consider a man who becomes angry over an insult. He is cognitively distracted by his anger and thus is less likely to suppress his urge to shove or punch the person who maligned him. In addition, anger causes physiological arousal, which can facilitate physical aggression.

Anger can be considered dysfunctional when it is out of proportion to the situation, experienced too frequently, or chronically elevated to the extent that responses impair the person (Eckhardt & Deffenbacher 1995). Such impairments may include damage to social relationships through physical or emotional harm to loved ones, which can lead to increased conflict and eventual dissolution of marriages or close friendships. They may also include less satisfaction with and more changes in jobs, and increased legal difficulties.

Whether intense, frequent, or chronic anger impairs a person often depends on his or her response to an angry episode. Anger is functional when it results in attainment of the blocked goal in a way that maintains relationships with others, and is dysfunctional when it results in failure to attain the blocked goal or behaviors that have negative social or legal consequences. Consider a man who wants to spend time with his girlfriend, but she wants to have a night out with her friends. His goal of spending time with her has been blocked and he becomes angry. He could discuss the matter with her and reach a compromise that allows both people to attain their goals. Or he could attempt to make her feel guilty every time she wants to spend time with anyone else, resulting in arguments and an end of the relationship, putting him even further from his original goal. In the first case, anger was functional in that it motivated a resolution; in the latter case, anger was chronic and dysfunctional because it resulted in goal failure and harm to a social relationship.

Another approach for identifying dysfunctional anger includes looking at whether or not expressions of anger are inappropriate. The uncontrolled expression of anger is generally considered inappropriate and conflicts with societal norms, although these norms vary by gender and culture. For example, acts of physical aggression are perceived to be less appropriate when committed by women. In the same vein, acts of physical and verbal aggression are viewed more negatively in some cultures than others. Some anger and aggression is valued in Western cultures in order to preserve independence and “stick up” for oneself; other cultures view anger as destructive and people who express anger are ostracized from social groups (Briggs 1998).

A final approach to determine if anger is dysfunctional is to look at its effect on the health of the individual. Feelings of anger toward the self and others are associated with higher rates of mental and physical ailments (Keinan et al. 1992). Anger has consistently been linked to hypertension and coronary problems, along with increased release of adrenaline and other hormones. People with chronic anger also tend to be slower to recover from blood pressure increases while feeling angry, which may put undue stress on the body. Anger may also influence health indirectly, through an
increase in unhealthy habits associated with attempts to cope with intense emotion, such as smoking.

What Causes Dysfunctional Anger?

There is a tendency, by both clinicians and the general public, to dismiss anger as a problem. The assumption often is that there is some other, deeper issue (such as depression) that causes problematic anger. In contrast, no one would ever ask what was “really” causing someone’s depression; instead, they accept that intense and chronic sadness is a problem that results from biological predispositions and negative experiences. This may lead individuals with anger disorders to feel misunderstood and decrease the likelihood that they will seek and adhere to treatment regimens.

As anger is not currently recognized as a disorder, its potential causes have not been systematically studied. The experience of problematic anger, and referrals to anger management, are associated with poor social and coping skills, which are likely necessary to deal with anger in an effective and socially acceptable way. Individuals lacking in social skills have difficulty accurately processing social events and the intentions of others. For example, they may interpret an ambiguous situation as being overly hostile, and react with anger out of proportion to the situation (Lochman et al. 2010). A lack of effective coping skills may also increase problematic anger as people repeatedly fail to resolve a problem. Over time, they are likely to experience even more frequent and intense anger as they struggle to find a way to overcome obstacles to their goals. Further, ineffective attempts at coping may affect their social and professional relationships as they may react in negative or inappropriate ways to stress.

When faced with stress, people with effective coping skills take steps to change the situation or how they perceive the situation in ways that result in positive emotions. Examples of effective coping strategies include problem solving, looking for positive results (“seeing the silver lining”), and finding positive meaning from events (Lench 2004). In contrast, people with ineffective coping skills tend to make a problem worse because the situation remains unresolved. Examples of ineffective coping strategies include less of a focus on problem solving and the use of more aggressive and antisocial actions, such as retaliation (Lench 2004). For example, Jennifer becomes angry when one of her coworkers gets a promotion before her. If she employs effective coping strategies, she will learn from the situation and work to develop the skills necessary to stand out to her boss in the future. If she employs ineffective coping strategies, she may spread rumors about the coworker, causing Jennifer to ruminate on the failure and potentially leading to disciplinary action when her actions are exposed. People with problematic anger also report that they have fewer positive ways to express their anger. They use less reciprocal communication and are less likely to take time to calm down, and generally report an inability to control their reactions in situations that trigger anger (Denson et al. 2011). This lack of control over impulsive behavior may explain many of the problems experienced by people with problematic anger, including physical assault on other people or objects, verbal assault, and nonverbal actions such as glaring or giving the finger (Lench 2004). Interventions targeting increased control over impulses might therefore prove beneficial.

Treatments for Anger and Aggression

What is anger management therapy? Unfortunately, because anger is not currently recognized as a mental disorder, it can mean many things and there are no guidelines for what kind of therapy should be given for different anger problems, whom it should be given to, or who should administer the therapy. Despite the lack of guidelines, anger management therapy can effectively lower angry individuals’ blood pressures and improve their behavioral control (Larkin & Zayfert 1996). Reviews of the potential therapies to treat anger suggest that multiple types of therapy may be effective, especially those that target a variety of components of anger at one time (Edmondson & Conger 1996; Tafrate 1995). One such multicomponent treatment that has shown success is stress inoculation therapy. This therapy focuses on addressing the cognitive, emotional, and behavioral
aspects of anger through cognitive preparation, skill acquisition, and practice of these skills in mildly stressful situations (Tafrate 1995). For example, a man becomes angry whenever his son’s soccer coach does not play him. In therapy, this man would learn to identify situations that lead to dysfunctional anger, and to change his thoughts so that they do not result in inappropriate behavior. He might also learn relaxation techniques and practice them during increasingly stressful role-played or imagined situations. Other promising therapeutic approaches include techniques to increase the ability to tolerate physical and emotional distress and family therapy approaches. In addition to the cognitive-behavioral therapies described above, there is some evidence that dysfunctional anger may be reduced by medication. Individuals suffering from “anger attacks” (brief episodes of intense anger, similar to the anxiety during panic attacks) experienced fewer attacks while taking low doses of antidepressant drugs that target the neurotransmitter serotonin (Fava, Anderson, & Rosenbaum 1990). Other studies have found that medications, including mood stabilizers and antipsychotics, are helpful in treating dysfunctional anger (Mercer, Douglass, & Links 2009).

Conclusion

Dysfunctional anger is a growing problem in today’s society. The news is filled with examples of violence and aggression committed by people who are angry at some insult or stressful situation. Unfortunately, anger problems often go unrecognized and untreated. Burt Pugach is a prime example of the problems that can be caused by dysfunctional anger—he caused the permanent disfigurement of the woman he loved because his response to anger was out of proportion. If he had received treatment to improve his ability to cope with stress and express anger appropriately, just consider how different Linda Pugach’s life might have been. She would still be able to see. Anger is a normal emotional experience that can become problematic and disrupt the lives of many individuals. Hopefully, there will one day be ways to identify and treat such anger before it results in harm to the self or others.

See also Mental Health Counseling;
See also Peer Support Groups;
See also Preventative Mental Health Programs;
See also Self-Help;
See also Stress and Stress Management

Bibliography


**MLA**