

Inside Anger Strategies by Claudia Black

Note from Claudia Black

Anybody can become angry - that is easy, but to be angry with the right person and to the right degree and at the right time and for the right purpose, and in the right way - that is not within everybody's power and is not easy.

Aristotle, from The Nicomachean Ethics

Conflict, frustration and anger are all a part of the bargain of being alive. Anger is a natural human emotion. When we feel anger, our bodies and minds are telling us to pay attention and look at what is occurring around us. Anger energizes a person to act; to focus and identify what it is he or she is feeling or needing; and it helps to establish appropriate boundaries and limits. Anger needs space to be heard. When one listens to their anger instead of avoiding it or allowing it to mask other feelings or issues, it helps one to recognize choices as to whether or not to act, how to act, and then withdraw the investment in staying angry. Yet, anger is a frequently distorted and twisted emotion becoming a barrier to being present with one's self, and a significant barrier to healthy relationships. The goal is not to be afraid of anger, or to run from conflict, but to realize it gives us valuable information about others and ourselves.

It is my hope that this book will be a valuable aid to counselors, mental health practitioners and health care providers who are working with clients whose anger is causing difficulties in significant areas of their life. These difficulties may range from how they view and feel about themselves, to parenting skills, partner relationships, performance in the workplace, legal issues and overall health. With the foundation of good client assessment and intervention, *Anger Strategies* will be of great assistance in working with these clients.

Some clients may be participating in an anger management group as a consequence of domestic violence or other illegal behaviors that have arisen from their inappropriate expression of anger. Others may be in individual, couples, or family therapy and their anger becomes identified as a crucial clinical issue. Irrespective of the manner in which clients have come to you, their anger has become distorted and twisted and is conveyed in

ways that create shame and blame. When anger becomes rage it hurts everyone involved and it can even kill. When it becomes internalized it is comparable to taking a dose of slow acting poison every day. While some clients are more motivated to change than others, the strategies in this book will assist in both motivation and change. To see there is a path moving away from the destruction of unhealthy anger, to develop a specific plan of action, and to know help is available allows clients to take the risks that will lead them to greater choices in how they live their lives.

If you are working with someone who despite previous anger-focused treatment has continued their anger behavior, it could be due to coexisting disorders that have not been adequately identified or treated. The most likely of these is addiction and depression. It is important to be aware of the association of addiction and anger and be willing to explore this possibility with clients. The assessment of substance abuse should be an integral part of any formal anger program. Any clinicians who do not feel qualified to make such an assessment should develop a relationship with a local provider. If a client is actively addicted, it is unlikely an anger treatment program or therapy will be effective until the addiction issues have been addressed. It is possible to address both at the same time, but the addiction needs to be the primary and priority issue.

It is also common for people with anger problems to be depressed. This may range from a diagnosis of bipolar to dysthymic or major depression. Other co-morbid issues may be anxiety disorders, possibly post-traumatic stress disorder, and frequently attention deficit disorders. Anger issues are also common to those with a history of brain injury or disease. If this is suspected for any of your clients, appropriate diagnosis and medications may be necessary to allow them to respond to treatment for anger issues. Again it is important to work in collaboration with other mental health and health care professionals.

In many of the Anger Strategies sections ideas and formats are presented for structured interventions, often including the use of handouts in the form of written exercises, checklists, sentence stems, structured dialogues, and/or art activities. All handouts are designed for clinicians to reproduce and use without restriction as to copyright permission.

The audio CD, *Imageries*, offers structured meditations for recovery. The disc contains four imageries: Relaxation Exercise, Inner Child Affirmation, Inner Source of Wisdom, and Letting Go and Receiving. It can be used in a group or individual setting.

Realizing I cannot consider all of the possible ethnic, cultural, and educational differences a clinician may be confronted with, I trust that sound clinical judgment will be used in the timing and use of these strategies. I encourage modifying them in any manner to tailor them to be more effective in helping clients stop their self-defeating behaviors and practice healthier relational skills.

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Anger Collage

Objective

To facilitate discussion of experiences often defended and not recognized in traditional talk therapy.

Materials Needed

Collage materials for each client:

3 to 5 magazines (nearly any magazine can be used; it is suggested that there be an assortment)

14" x 17" pieces of paper, scotch tape, scissors

Starting Point

A collage is a valuable exercise for clients who are well defended through verbal skills or have difficulty saying anything. Ask clients to reflect on their growing up years and create a collage of anger. The collage will vary depending on the direction you orient them toward. Consider directing them toward making a collage of anger in general or their anger or anger in their family.

A collage is made by taking pictures, words, and/or letters from magazines to make a statement. Depending on time, offer clients 20 to 30 minutes to create their collage. Suggest they begin their collage by flipping through a magazine while being open and receptive to what they see rather than looking for specific words or pictures. Part of the value of creating a collage is finding words or pictures that jump out at them and describe their feelings.

These directions are purposely broad. This gives clients the opportunity to describe the anger of others or themselves, the cause of the anger, and how the anger was expressed. It is more effective to not offer examples unless clients seem confused about the assignment. The following are examples that, if needed, may be helpful.

A picture of...

1. a volcano may represent how explosive and frightening it was when your dad got angry.
2. a car may represent terrifying rides with an angry parent.
3. a table set for dinner may represent all the family dinners where no one spoke a word because of the fear of provoking anger.

4. the word Dad may represent the only one in the family allowed to be angry.
5. a woman in tears may represent how you expressed your anger.

The Family Gift

Objective

- To recognize familial influence on unhealthy anger.
- To be accountable for hurtful behavior.

Materials Needed

- Handout – Identifying Unjust Anger
- Board

Starting Point

The single most common cause of unhealthy anger is being raised in a home filled with unhealthy expressions of anger. Children learn how they should be angry from their parents. Families in which there is chronic anger think that a lot of anger is normal and expected; that nobody listens until someone gets angry. They try to solve all of their problems with anger. Unhealthy anger becomes the norm and is repeated generationally.

List on a board examples of unhealthy expressions of anger such as:

- | | | |
|-----------------------|------------------|-----------------|
| name calling | caustic humor | sarcasm |
| verbal put downs | pushing, shoving | kicking |
| swearing | threats | hyper criticism |
| silence as punishment | biting | other |

Using the handout Identifying Unjust Anger, ask clients to write out their own examples of being the recipient of other peoples' hurtful anger, and examples of themselves perpetuating unjust anger toward others. It is suggested the handout be used as a model and that additional paper is available to clients so as to allow for more extensive self-disclosure.

The purpose of identifying unjust family anger is not to place blame on the family for clients' present-day hurtful behaviors, but to recognize where such behaviors were learned and assist in the process of clients sharing their vulnerability as children.

As clients own their behavior, it may be helpful to assist them in preventing a shame attack. (See Section Two: Shame Attacks, page 55) Reinforce with clients that this is about their behaviors and not about them as individuals.

**Handout
Identifying Unjust Anger**

Example:

Person Directing Anger	My Age	Anger Behavior
Grandfather	7-10	Beat me with a strap
Brother	Baby to 15	Hit me / tied me up / shut me in the closet
Dad	12-15	Ignored me / threatened to beat me
Stepdad	17	Called me “good for nothing”/ refused to take me places but took my brother
Wife	34	Verbal abuse / silence

Part 1:

Note the names of persons who directed their anger at you, your approximate age at the time, and the specific form of anger that was directed at you.

Person Directing Anger	My Age	Anger Behavior

Part 2:

Identify persons who have been the recipient of your unjust anger and your specific anger behavior towards them.

Recipient of My Anger	My Anger Behavior

Degrees of Anger

Objective

To recognize varying degrees of anger.

Materials Needed

Handout – Anger Intensity
Board

Starting Point

Anger is often the only safe feeling for the chronically angry person. But it is typically only identified as one feeling versus a variety of feelings along a continuum. Recognizing different degrees of anger will facilitate clients in not always being engaged in a locked emotional state.

Write the following words on a board:

Annoyed	Irritated	Frustrated
Disgusted	Aggravated	Mad
Angry	Furious	Enraged

Facilitator may add words to this list, but remember that the purpose of this exercise is to represent a continuum. Using these words, ask clients to offer examples that reflect how they distinguish between the different levels of anger.

Lead a discussion in problem solving appropriate actions when clients recognize themselves experiencing less intense anger. Failure to recognize lesser degrees of anger drives them from initial awareness of anger into impulsive actions/reactions.

Give clients the handout Anger Intensity as an assignment for them to note situations that come up between this session and the next wherein they can distinguish different levels of anger. This is not to encourage them to create an angry situation, but to recognize the varying degrees of this feeling as it is experienced.

**Handout
Anger Intensity**

In the course of a day or week, identify situations where you distinguish the different intensities of your anger.

Use one of these key words to describe your anger:

- | | | |
|---------------|---------------|------------|
| 1. Annoyed | 4. Disgusted | 7. Angry |
| 2. Irritated | 5. Aggravated | 8. Furious |
| 3. Frustrated | 6. Mad | 9. Enraged |

Situation or Event

Degree of Anger

Example: My wife left dirty dishes in the sink.

Disgusted

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Handout
Three Nutritional Demons

1. Do you smoke or chew tobacco? Would you like to reduce or give up your use of nicotine?

If you smoke or chew tobacco describe how you may use nicotine in relationship to feeling anger.

2. In what foods or drinks do you consume caffeine? I.e. coffee, tea, soda, chocolate, other.

Describe how you may use caffeine in relationship to feeling anger.

3. How much sugar is in your diet?

Describe your intake of processed carbohydrates, sweets, sugared sodas, sugar in coffee, etc.

Describe how you may use sugar in relationship to feeling angry.

Handout
Outside Influences

Questions for consideration and discussion:
(Circle the words that best describe your answer)

1. How would you describe the music you listen to?
loud violent lyrics sad soothing relaxing energizing other _____

Is this music supportive or unsupportive of your healing and recovery process?

Supportive Unsupportive

Describe

2. How would you describe the videos, movies, or TV shows you watch?

violent tension-filled frightening funny uplifting inspiring dark
explicit escapist other _____

Are these programs supportive or unsupportive of your healing and recovery process?

Supportive Unsupportive

Describe

3. How would you describe the books or magazines you read?

educational inspirational humorous violent fantasy romantic
informative other _____

Are these materials supportive or unsupportive of your healing and recovery process?

Supportive Unsupportive

Describe

4. How would you describe the people you allow in your life?

intrusive loud negative hurtful shaming respectful caring loving
playful needy kind patient accepting demanding generous
other _____

Are they supportive or unsupportive of your healing and recovery process?

Supportive Unsupportive

Describe