



Anger, Aggression, and Interventions for Interpersonal Violence

Edited by
Timothy A. Cavell • Kenya T. Malcolm



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 **Routledge**
Taylor & Francis Group
NEW YORK AND LONDON

First published 2007 by
Lawrence Erlbaum Associates, Inc., Publishers

This edition published 2014 by Routledge
711 Third Avenue, New York, NY 10017, USA
27 Church Road, Hove, East Sussex, BN3 2FA

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Cover design by Tomai Maridou

**CIP information for this volume may be obtained by
contacting the Library of Congress**

Anger, aggression, and interventions for interpersonal violence
p. cm.

ISBN 978-0-8058-5554-8 — 0-8058-5554-8 (cloth)
ISBN 978-0-8058-6152-5 — 0-8058-6152-1 (pbk.)

*To the memory of Marie Wilson Howells,
a benefactor and champion of psychological inquiry.*



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Preface

Euripides (c. 480–406 BC), often described as the father of the psychological drama, was a prolific but not very popular playwright in ancient Greece. While his contemporaries wrote larger-than-life stories about great battles and heroic warriors, Euripides' told tales of ordinary folks struggling with the same issues that befall most persons. He was generally dismissed by his contemporaries, especially Aristophanes, who continually ridiculed Euripides and his work. Euripides' insensitivity to popular ideals led eventually to his being exiled from Greece. He died while living in Macedonia, the victim of a violent death. Reportedly, the king of Macedonia found reason to unleash upon Euripides a ferocious pack of hunting dogs that tore him limb from limb.

Modern critics see Euripides as an iconoclast, a truth seeker who saw beyond and through widely held notions about valor and honor. For him, the most compelling battles were waged between two lovers or between one's heart and mind. Among the issues he addressed was the role of anger in human interaction. His writings reveal a tendency to view anger as corrosive: "Those whom God wishes to destroy, he first makes angry." He also recognized the convoluted functions that anger can have within interpersonal relationships: "What anger worse or slower to abate than lovers love when it turns to hate."

We are not tragedians, but we are truth seekers. And we are interested in how anger can distort interpersonal relationships, transforming what was once heartfelt desire into hurtful rage. We offer here a book that is distinct in its mission. We asked our contributors to consider whether the treatment of interpersonal violence should reflect its common occurrence across a range of social contexts and developmental periods. More specifically, we challenged our panel of experts to confront the complex relation between anger and aggression. In asking our contributors to re-visit this age-old question, we, like Euripides, risk producing a work that could be viewed as pedestrian or pessimistic. Only time will tell how our volume will be received, but we are pleased to offer it and eager to participate in whatever debates and exchanges it might engender. And we are fairly optimistic about avoiding political exile or canine-led disaster.

When first we proposed this book, we conducted a search for texts published since 1990 using the following combinations of keywords and conjunctions: “anger” OR “aggression” AND “intervention” OR “violence.” We found listings for 45 books, more than half of which were either self-help books or practitioner guidebooks that lacked the underpinnings of sound, empirical research. The remaining volumes were meant for researchers or for both researchers and practitioners. Most of these texts focused on a particular population (e.g., youth, women) or on a specific interpersonal or relationship context (e.g., workplace). We counted only eight books devoted to anger or to aggression that also covered a range of client populations or relationship domains. Seven of these eight focused on anger only or on aggression only, although a number of themes (e.g., biogenetics, cognitive theory, social interactionist theory, life-span development) were used to bind chapters together. We found only one text that considered broadly the twin concerns of anger and aggression: *Anger, Aggression, and Violence: An Interdisciplinary Approach*. The book was authored by Paul Robbins and McFarland & Company published it in 2000. A quick inspection of this book revealed, however, that its focus was not the *relation* between anger and aggression, much less the implications of that relation for treating interpersonal violence. It would seem, therefore, that our book is unique in what it offers the reader. Our book should appeal to most but not all practitioners. Those clinicians who are seeking a detailed treatment protocol will need to look elsewhere. However, practitioners who know of and use such protocols will benefit greatly from the wisdom, the experience, and the science that permeate these pages. Our book will also appeal to most but not all researchers who identify interpersonal violence, anger, or aggression as topics of interest. Scholars looking for a comprehensive review addressing a single type of interpersonal violence or a very specific approach to treating interpersonal violence will not be satisfied. Our book holds greater value for those who see grappling with thorny issues, such as the relation between anger and aggression, as a chance to broaden their thinking and enhance their future investigations.

ACKNOWLEDGMENTS

Many individuals contributed to the development and ultimate production of this book, and we want to acknowledge their help and support. We note first those individuals and families who struggle with the problem of interpersonal violence and who are brave enough to seek assistance from unfamiliar professionals such as ourselves.

We next wish to acknowledge the hard work and dedication of our contributing authors. They were able to blend scholarly expertise and

professional demeanor in ways that make the job of editor easier and more rewarding.

We thank our colleagues in the Department of Psychology at the University of Arkansas, in particular Doug Behrend, Dave Schroeder, Eric Knowles, and Joel Freund. We offer a special thank you to the estate of Marie Wilson Howells. The Howells endowment was established to promote research and scholarship in psychology at the University of Arkansas, and support from this endowment was instrumental in bringing this book to fruition.

We certainly wish to acknowledge those friends and family members who heard far too long about “the anger and aggression book.” Kenya Malcolm thanks daughters Doriennne and Natalie for their loving ways and for exposing their mother to the full array of human emotions. She also thanks their father, Robert, for working from home so that she can have time to enjoy projects like this. Tim Cavell appreciates the patience shown by his three children—Hannah, Hope, and Graham—as well as their daily reminders of his fatherly joys and tasks. And he is most appreciative of the love, support, and care provided by his wife, Lauri.

Finally, we are grateful to the fine folks at Lawrence Erlbaum Associates who saw promise in our proposal and who persevered to make this book a quality volume. We note in particular the support and guidance of Susan Milmoie, Steve Rutter, Nicole Buchman, and Sondra Guideman.

—*Timothy A. Cavell*

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Introduction: The Anger–Aggression Relation

Timothy A. Cavell
Kenya T. Malcolm

This book is about interpersonal violence—what clinical scientists know about it and what mental health practitioners can do about it. For those who are not scientists or practitioners, the question of what’s to be done about interpersonal violence brings a mix of reactions. Some decry the fact that interpersonal violence continues to plague so-called “civilized” societies and that more is not being done to end this tragedy; others merely shrug and opine that interpersonal violence has always been part of the human enterprise. The purpose of this book is not to reconcile these divergent views of human nature (see instead Buss & Shackelford, 1997) but to advance the way practitioners and researchers conceptualize interventions for violent clients. Though narrower, it is still an ambitious goal.

Interpersonal violence has different names depending on the interpersonal context or relationship involved. Common labels are *child abuse*, *intimate-partner violence*, *youth violence*, *elder abuse*, *sibling aggression*, *school bullying*, and *workplace violence*. Perpetrators and victims of interpersonal violence can include husbands, wives, romantic partners, parents, children, siblings, coworkers, and classmates. The World Health Organization has defined *interpersonal violence* as “violence between family members and intimates, and violence between acquaintances and strangers that is not intended to further the aims of any formally defined group or cause” (Waters et al., 2004, p. 2). In this volume, we focus primarily on violence among family members and intimates.

Acts of interpersonal violence are both tragic and costly. In the United States, the direct costs of interpersonal violence (for medical care, legal services, incarceration, etc.) have been estimated at nearly \$2 billion a year or about 0.02% of the country’s annual gross domestic product (GDP; Waters et al., 2004). When indirect costs (for lost earnings, lost productivity,

psychological costs, etc.) are added, the estimates rise sharply and reach 3.3% to 6.5% of the annual GDP. However, there are also data indicating that interventions can lower the incidence of interpersonal violence and do so in ways that easily offset the cost of intervention (Waters et al., 2004). Some interventions are policy-level actions (e.g., federal laws, public health campaigns), some are community-wide prevention programs, and others are psychotherapeutic strategies.

This book is concerned with the third type of intervention. Public health initiatives are designed to reduce the overall incidence and prevalence of various maladies, but workaday clinicians and the clients they serve evaluate treatment success one case at a time. Published outcome studies document that clinically meaningful gains are achievable in cases of interpersonal violence but that there is also substantial room for improvement. We hope that our text can improve on what is known about therapeutic interventions for families and couples affected by interpersonal violence. Our plan for doing so was twofold: (a) Assemble a panel of experts, and (b) foster among them a spirit of creative problem solving.

Harris (2004) has suggested that creative problem solving is achieved by one of five methods. Listed below are these five methods along with Harris's example of each:

- Evolution—incremental improvement (e.g., the latest versions of computers, autos).
- Revolution—reject current strategies (e.g., abandon pesticides as a termite deterrent and shift to strategies that are nontoxic).
- Changing direction—redefine the problem (detering skateboarders via fences vs. deterring skateboarding via altered walkways and inclines).
- Synthesis—combine two or more disparate ideas (e.g., dinner + theater).
- Reapplication—unfixate from preconceived notions (e.g., paint to prevent loosening of screws).

We emphasized the last two methods. We wanted a text that considered—under one title—different forms of interpersonal violence and their corresponding treatments. We also wanted our contributors to reexamine their basic assumptions about the relation between anger and aggression and the implications of that relation for intervention work. Interventions that target interpersonal violence tend to be fairly specific to the relationship or to the developmental context in which it occurs. Thus, abusive parents, violent spouses, and aggressive children are likely to receive different treatments, even if they worked with the same practitioner. This makes sense given that developmental, contextual, and relationship factors

contribute to the onset, frequency, and severity of interpersonal violence. But it is also possible that interpersonal violence has core features that transcend the specific context in which it is found. One such feature is the link between anger and aggression.

THE COMPLEX RELATION BETWEEN ANGER AND AGGRESSION

Researchers invoke an array of constructs to explain the origins and patterned use of violence, and these differences are reflected in the varying approaches to treating interpersonal violence. Commonly studied are psychological factors, including interpersonal and emotional skill deficits, poor coping strategies, past traumas, insecure attachment tendencies, psychiatric disorders, family stressors, and substance abuse problems. Other potential mechanisms are thought to reside in the environment—in contexts that model, shape, and reinforce (or fail to restrict) aggressive behavior. Also assumed to be operating are broader contextual variables such as poverty, prejudice, social norms in support of violence, violence-filled media, and inadequate legal protections for victims. Some of these putative causal factors are far removed temporally from the violent actions that lead to treatment (e.g., past child abuse), some are considered relatively stable (e.g., personality traits), and some are beyond the control of most therapists (e.g., poverty). As a result, currently available treatments usually target factors that promote or precipitate dysregulated anger or contextual determinants of aggressive behavior. We believe there is value in attempting to reconcile these two approaches.

When someone acts aggressively, there is often a presumption of underlying anger; conversely, when someone is extremely angry, there is a tendency to anticipate impending aggression. These are reasonable presumptions given that anger and aggression are often linked temporally and functionally. Ample research documents that strong feelings of anger commonly precede aggressive actions and that aggressive behavior can serve to maintain or intensify feelings of anger. However, the relation between anger and aggression is neither simple nor complete; anger does not always lead to aggression, nor does aggression require the presence of anger (Averill, 1982). Each can occur independently of the other and the determinants of anger are not identical to the factors that give rise to aggression. The relation between anger and aggression can also vary greatly across individuals. For example, children who are prone to using aggression are less likely to differentiate between anger and other negative feelings or to see a clear distinction between feeling angry and acting aggressively (Lemerise & Dodge, 1993). One might also presume that the relation between anger and aggression can

shift over time for a given individual. This notion lies at the heart of interventions that try to modify how clients respond when angry.

One might also presume that the study of anger and the study of aggression are necessarily linked, but this is hardly the case. Scholars in both camps identify with the goal of understanding, predicting, and reducing interpersonal violence, but there is little effort to integrate the two bodies of knowledge. Far more common is to increment what is known specifically about anger (i.e., an internal, affective experience) or about aggression (i.e., an overt behavior shaped by external contingencies). This tendency toward balkanization is magnified when intervention researchers design treatments that fit a specific interpersonal or developmental context. For some interpersonal contexts, treatment is designed to reduce aggressive behavior, with little or no attention given to anger *per se*. Thus parents of conduct problem children are usually trained to restrict their child's aggression but not to enhance their child's ability to regulate anger. In other interpersonal contexts, the clear emphasis is on anger as the focus of treatment. For example, psychological interventions for violent husbands generally place greater emphasis on anger management issues than on ways to impose reliable sanctions for aggressive behavior (Salazar & Cook, 2002). But is there room for integration? Is there value in having parents blend strict discipline with strategies that help children cope with angry feelings? And how can practitioners augment anger-focused interventions with strategies that effectively limit perpetrators' use of violence? Earlier we acknowledged that context-specific treatments are a reasonable response to research indicating that interpersonal violence manifests itself in varying forms and for various reasons. But we also believe there is promise in considering commonalities across different forms of interpersonal violence. In this text, that common lens is the relation between anger and aggression.

All interventions designed to treat interpersonal violence make assumptions about anger and its relation to the display and treatment of aggression. Sometimes these assumptions are made explicitly; at other times, the assumptions are tacit and must be inferred from what is or is not addressed therapeutically. For example, interventions that downplay the role of anger make an implicit assumption that anger is secondary and perhaps epiphenomenal to the actual perpetration of aggression and violence. Other models place heavy emphasis on anger and assume that successful treatment is unlikely unless angry feelings are front and center. Some intervention researchers recognize the apparent schism in the treatment of anger and aggression and have fashioned multicomponent intervention programs (e.g., Kazdin, Siegel, & Bass, 1992). But the stacking of treatments for anger and aggression is not the same as developing treatment models that carefully consider the complex relation between anger

and aggression and that make explicit how this relation affects treatment goals and strategies.

ORGANIZATIONAL OVERVIEW

We divided our text into four sections. Part I addresses general models for treating clients with anger-related problems. Discussed here are cognitive-behavioral interventions that dominate the treatment arena, plus newer approaches that give practitioners promising alternatives for working with angry and aggressive clients. Part II considers the function of anger as a basic human emotion and the features that distinguish it from other emotions, both positive and negative. Also addressed in this part is the value of having clients experience and express angry feelings as part of therapy. Part III considers the anger-aggression relation among children and adolescents. Contributors discuss the role of anger and other emotions in the development and treatment of aggression and the impact of targeted interventions on anger-related problems. The final part focuses on violent families, including those with abusive parents and battering spouses. Clinical work with violence-prone families is a daunting enterprise and the complex relation between anger and aggression is but one of the challenges practitioners face.

Readers will also find within each part a commentary specific to the chapters in that part. Our commentators were asked to offer their thoughts and reactions to each chapter, identifying perhaps common themes or additional insights and findings not mentioned by the authors. Readers will find the commentaries to be a useful tool for consolidating and integrating the wealth of information contained in each part.

Anger, Aggression, and General Models of Intervention

Our book opens with Novaco's thoughtful discussion of anger dysregulation and the intricacies of treating clients who present with anger-related problems. Novaco coined the term *anger management* over 30 years ago (Novaco, 1975), and his experience and broad perspective are evident in his account of the key issues, core themes, and important developments in the field. Readers unfamiliar with psychological interventions for clients who are angry and violent will find this chapter an excellent starting point. Novaco is sensitive to the problems faced by angry clients and their therapists, and he carefully integrates the conceptual with the practical. Perhaps most helpful is his emphasis on separating the goal of preventing anger dyscontrol from the task of interrupting anger escalation.

For Novaco, anger control is a “proactive posture, not merely an intercession on the spot” (p. 20). A first step toward that posture is to help clients separate their anger from their threat system, which can happen only if therapy represents a safe place for reflection and exploration.

In chapter 2, DiGiuseppe, Cannella, and Kelter cover exposure-based interventions for angry clients. DiGiuseppe has been at the forefront of scholars debating the question of whether anger disorders should have their own diagnostic category, akin to categories for mood and anxiety disorders (DiGiuseppe & Tafrate, in press). The focus of this chapter is on the use of exposure strategies (e.g., verbal insults or “barbs”) when treating angry clients. DiGiuseppe et al. discuss promising findings in support of exposure but question whether the findings can be explained by the principles of classical conditioning. They argue that instrumental learning is a better framework for understanding these outcomes. Practitioners will find useful the clinical case descriptions as well as the authors’ recommendations for using exposure specifically with angry clients. For example, DiGiuseppe et al. advise against efforts to maximize habituation by having clients focus on angry feelings, as is done with anxious clients.

Rounding out Part I is Kassino’s provocative commentary on these first two chapters. Widely known for his work on the treatment of anger problems (e.g., Kassino & Tafrate, 2002), Kassino—like Novaco and DiGiuseppe—laments that so little research on anger and anger problems has informed the working clinician: “Research done on 21-year-old college students who score high on a single anger questionnaire does not seem applicable to 50-year-old adults with more complex lives and comorbid issues who are seen in private practices or inpatient settings” (p. 79). Standing in the way of real progress, says Kassino, is confusion about how to define anger and how to separate it from the construct of aggression. He also finds fault with definitions of anger that invoke internal structures and processes that are difficult to measure (e.g., thoughts, beliefs, intentions). Kassino proposes, as an alternative to treatments drawn from a cognitive-behavioral perspective, an approach he labels *verbal-behavior therapy* (VBT). In VBT, anger would be narrowly defined as the display of angry statements that are functionally linked to violent motor behavior. The task of the VBT therapist would be to help clients replace these statements with more adaptive verbalizations (e.g., assertiveness skills) that are functionally separate from violent outcomes.

Natural and Therapeutic Functions of Anger Experience and Anger Expression

In chapter 4, readers are presented an up-to-date look at research on anger as a primary human emotion. Harmon-Jones and Harmon-Jones note that

anger is not a “thing” but a collective of basic processes (e.g., feelings, facial expressions, appraisals, action plans, physiology). Their discussion of these processes reveals the complex origins and functions of anger experiences. Like Kassino, Harmon-Jones and Harmon-Jones question whether cognitive appraisals are a necessary component to definitions of anger. They also review studies indicating that anger—unlike fear and sadness—is associated with approach motivation and with more positive subjective feelings such as self-assurance, determination, and strength.

In chapter 5, Olatunji, Lohr, and Bushman discuss the concept of venting—the deliberate release of angry feelings with the goal of preventing more uncontrolled and violent displays of anger. Venting is based on the psychodynamic notion of catharsis, the relieving of anger-induced pressure in one’s psyche. Bushman has conducted a number of studies examining the impact of venting on subsequent anger and aggression (e.g., Bushman, 2002), and Olatunji and Lohr have encouraged practitioners to be wary of pseudoscientific intervention strategies when treating angry clients (Lilienfeld, Lynn, & Lohr, 2003; Olatunji, & Lohr, 2005). In this chapter, they examine evidence that venting leads to less anger and to a lower likelihood of aggression. They report, despite popular beliefs to the contrary, that there is little scientific support for this hypothesis and caution practitioners about the risks of using venting exercises. They promote instead treatment approaches (e.g., cognitive-behavioral) that have a more solid scientific foundation.

The value of having clients experience angry feelings in session is further considered in the chapter by Paivio and Carriere. These authors introduce readers to emotion-focused therapy (EFT; Greenberg & Paivio, 1997) and outline its underlying assumptions. Their discussion focuses on the application of EFT to clients whose anger is tied to the trauma of childhood abuse. From an EFT perspective, clients’ anger problems are not limited to issues of under- or overcontrol; also critical to assess and treat are clients whose problems involve limited awareness and inappropriate expression of anger. Paivio and Carriere pay special attention to the many variants of anger experience and expression, arguing that some are adaptive whereas others are clearly maladaptive. In contrast to the research on venting, the EFT model offers practitioners a more nuanced (and less negative) frame for understanding the role of anger experience and anger expression in therapy.

Providing commentary on these three chapters are Greenberg and Bischof. Greenberg has written extensively on experiential forms of therapy, and in this chapter he and his coauthor directly address the debate over whether having clients access and express angry feelings is therapeutic. Greenberg and Bischof frame the debate in this way: “Is it better in psychotherapy to support expression or containment?” (p. 169).

These commentators recognize the dangers of encouraging cathartic release, but like Harmon-Jones and Harmon-Jones, they also view anger as having adaptive value. For Greenberg and Bischof, anger is too complex a phenomenon to be captured by the simple indices of frequency, intensity, and duration. Also needed is an appreciation for the meaning of anger, and many clients will need assistance before they can use anger experiences in service of sense making and adaptive problem solving. Thus a key issue in this debate is the distinction between anger expression in everyday life and anger expression in therapy. Because clients are often confused by their anger, carefully processing those feelings *in session* can help them to develop more adaptive responses to anger episodes outside of therapy.

The Anger–Aggression Relation in Violent Children and Adolescents

The next set of chapters focuses on the role of anger in the development of aggressive behavior and the treatment of aggressive, antisocial children and adolescents. In chapter 8, Snyder, Schrepferman, Brooker, and Stoolmiller use data from an ongoing longitudinal study to examine the role of anger displays in children's conflicts with parents and with peers. In previous work, Snyder and colleagues found evidence that children use coercion with parents to the extent it "works" better than other influence tactics (e.g., Snyder & Patterson, 1995). Typically the payoffs for child coercion involve parents backing down from a request or giving in to a child's demand. In this chapter, the authors expand on this theme, using their findings to describe a preliminary working model of how children's anger displays interact with and amplify social contingencies in the development of aggressive behavior. Particularly intriguing are findings indicating that angry displays and coercive exchanges occur at a much greater rate with peers than with parents. It appears that for vulnerable children, the peer context adds substantially to their "basic training" in aggressive behavior.

The next chapter is by Karen Bierman, known for developing and evaluating interventions for angry, aggressive children who are also rejected by their peers. Her recent work has involved the FAST Track delinquency prevention project, a large multisite trial targeting aggressive children from Grade 1 until Grade 10 (Conduct Problems Prevention Research Group, 2004). Bierman examines the role of emotion processes in the development of aggressive, antisocial behavior and the extent to which current intervention models address issues of emotion dysregulation. She notes potential limitations in these models, in particular the lack of emphasis on children's cognitive and emotional responses during moments of heightened arousal.

Suggestions for addressing these limitations echo those made by other contributors who work primarily with angry adults: (a) attend to issues of emotional safety when working therapeutically with angry, aggressive children (see Novaco), (b) help children appreciate the meaning of their anger when generating alternative response options (see Paivio & Carriere), and (c) provide opportunities for graduated exposure to and processing of interpersonal situations that represent increasingly difficult emotional demands (see DiGiuseppe et al.).

The third chapter in this part centers on multisystemic therapy (MST). Any discussion involving the treatment of violent teens would be incomplete without consideration of this impressive intervention model. For nearly two decades, proponents of MST have rigorously tested their model and shown it to be a robust intervention for severely delinquent youth (Henggeler & Borduin, 1990). The chapter is written by Charles Borduin, one of the original co-developers of MST. Borduin asks what role does anger play in the work of MST therapists and what impact does MST have on the anger-related problems of delinquent youth? He first offers a primer on the principles of MST and a brief description of its service delivery format, which is highly innovative. The typical MST therapist works intensively for 3 to 4 months with a small caseload of families, is available around the clock for consultation, and usually conducts therapy sessions in the home, at school, or in the neighborhood. Borduin describes how anger is conceptualized within the MST model and reports on studies that evaluated the impact of MST on youths' angry outbursts.

Commentary on these chapters is provided by Hubbard, McAuliffe, Rubin, and Morrow. Hubbard has conducted a number of enterprising studies on the relation between child anger and aggression, often using multiple indices of child anger (e.g., Hubbard et al., 2002, 2004). Hubbard and her coauthors are pleased that intervention researchers are giving greater attention to children's anger, and they welcome conceptual models that move the study of childhood aggression away from a strictly social-information-processing (SIP) framework. Briefly discussed is the affective social competence model (Halberstadt, Denham, & Dunsmore, 2001), which Hubbard and colleagues see as a useful conceptualization of children's socioemotional functioning. Readers will find especially helpful their recommendations for enhancing future intervention work with aggressive children.

The Anger-Aggression Relation in Violent Families

Mammen and colleagues begin the last set of chapters with an innovative approach to conceptualizing and treating one type of family violence—child physical abuse (CPA). They suggest that parents who perpetrate

CPA can benefit from treatments that specifically target *anger attacks*. Anger attacks are defined as episodes of rapid onset, intense anger that are ego-dystonic and that covary with harsh and abusive parenting (Mammen et al., 1999). Somewhat akin to Kassino's recommendation to treat anger displays that are functionally linked to overt aggression, Mammen and colleagues see value in directly treating anger attacks that can escalate into episodes of physical abuse. Distinctly different from Kassino, however, is the fact that these investigators have a strong interest in the use of serotonergic antidepressants as effective interventions for recurring anger attacks.

In the next chapter, Holtzworth-Munroe and Clements consider the relation between anger and intimate-partner violence. They recognize the potential value in understanding this relation but are also aware that feminist theorists view reports of anger as post hoc justifications for male batterers' abuse of power against women. Expanding on a similar, earlier review of this literature (Eckhardt, Barbour, & Stuart, 1997), Holtzworth-Munroe and Clements give a thorough accounting of the state of the science. Their chapter offers valuable information to practitioners and researchers unfamiliar with issues that can confound the study and treatment of intimate-partner violence. These include various measurement issues and options, the difference between anger and hostility, the relation between marital violence and marital distress, and the clinical significance of subtypes of male batterers (e.g., Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2003).

The challenge of conducting therapy with violence-prone families is the focus of chapter 14. Azar and Makin-Byrd draw on previous research to suggest that a strong working alliance and the capacity to resolve therapeutic ruptures are critical to successful interventions. Azar and Makin-Byrd extend this notion to families affected by violence (e.g., child abuse, partner battering, aggressive children) by proposing that therapeutic ruptures are often the product of biased perceptions on the part of therapists. The authors outline potential "cultural" differences between therapists and members of violence-prone families and discuss how these differences can lead to clashes in assumptive beliefs and fundamental values that are hard to detect. The authors hypothesize that subtle value clashes can partly explain high dropout rates and underwhelming outcome findings common to studies of family violence. Readers are given a number of useful recommendations for recognizing and working through value clashes that can disrupt therapy process.

Commenting on these three chapters is David Wolfe, widely known for his scholarly work on the tragedy of family and relationship violence (e.g., Wolfe, 1999). Wolfe applauds the clinical wisdom offered by these contributors and extends further their discussion of the anger-aggression

relation. He presents an excellent summation of research linking mood, affect, and memory as it relates to anger and family violence. For Wolfe, it is important to understand that emotional regulatory deficits and cognitive distortions cocontribute to recurring patterns of interpersonal violence. Both are by-products of living in homes marked by violence:

Modeling of aggressive problem-solving tactics via marital violence and corporal punishment, rehearsal and reinforcement (or lack of effective punishment) of aggressive behavior with siblings and peers, the absence of opportunities to learn appropriate problem-resolution approaches, and the establishment of a cognitive viewpoint that adheres to strict family roles and low self-efficacy all contribute to impaired self-regulation and disinhibition of aggressive behavior. (see pp. 396)

Recent work by Wolfe and his colleagues documents the developmental connections between early experiences of child maltreatment and later violence with an intimate partner. He describes data that reveal clear associations between childhood abuse and a propensity in adolescence for violent romantic relationships (Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). Maltreated youth struggle to form and sustain relationships that are not tainted by mistrust, hostility, and the presumption that there will always be victims and victimizers.

EMERGING THEMES, REMAINING QUESTIONS

In many ways, the chapters in this text represent a preliminary data set designed to answer the following question, "Are current models and methods for treating interpersonal violence operating from a common view of anger and aggression?" When we began this project, we were unsure of the answer to that question. Complicating matters was the fact that treatments for violent clients vary greatly across interpersonal and developmental contexts. We also learned from our search of the literature that clearly stated assumptions about the relation between anger and aggression are hard to find. Still, the question seemed worth asking, regardless of the answer. If there was a consensus view about anger and aggression, then our text would help to illuminate that common ground. But if clarity and consensus were lacking, then our text could offer new avenues for those looking to advance research and practice related to the problem of interpersonal violence.

The "data" are now in and the clear answer—for now—is, "There is no consensus view about anger and aggression." Although we had our

suspicions, we were surprised at how little is actually known about the emotion we call anger and its relation to aggression, and how much disagreement there is about the role of anger in the treatment of interpersonal violence. We were surprised to find that those who study and treat one form of interpersonal violence often have little knowledge of or input into treatments for other forms of interpersonal violence. We were surprised at how seldom investigators consider possible links between the treatment of anger-related problems and the treatment of other disorders, particularly anxiety and mood disorders. And we were surprised to learn that in some treatment models little if any attention is given to clients' actual experience of anger, whereas in other treatment models the contextual factors that occasion clients' use of aggression is given short shrift. But we also find exciting the possibilities that arise from these informational gaps and disconnects. It is our hope that future investigators will actively pursue these possibilities, providing future practitioners with more effective ways to counter the dilemma of interpersonal violence.

To aid in that effort, we list four key themes or questions to emerge from our collection of chapters. Readers who focus on select chapters only (due to an interest in one particular form of interpersonal violence) might miss these overarching issues. They would also miss the rich diversity of viewpoints on these issues generated by our panel of scholars. Therefore, we thought it wise to give an early snapshot of emerging themes and remaining questions.

How to Define Anger?

Several contributors noted that anger is a core emotion and that it manifests itself in multiple domains (e.g., cognitive, verbal, behavioral, physiological). Beyond that point, however, there was little agreement about how to define or measure anger. Some contributors seemed unfazed by the fuzzy nature of the construct; others argued that a clear, agreed-upon definition of anger is the single most important challenge to advancing the treatment of interpersonal violence. So how should we define anger? Is anger viewed most productively as an affective state, as an enduring mood, as a stable personality trait, or as some combination of these? Is it better to ignore the subjective aspects of anger and focus solely on its overt, measurable features (e.g., facial expressions, angry vocalizations), as suggested by Kassirer? Or is it important to include in one's definition the phenomenology and underlying meaning of anger, as suggested by Paivio and Carriere? These questions are not merely academic exercises; they go to the very heart of how we conceptualize and treat clients' anger episodes and violence proneness.

How to Understand the Relation Between Anger and Aggression?

The chapters in this text provide an invaluable guide for those interested in the complex relation between anger and aggression. But considerably more research is needed before we can appreciate the parameters and dynamics of that relation. We were struck by how little attention has been devoted to this question in recent years, especially given how much greater attention has been devoted solely to the topic of anger or to the topic of aggression. Indeed, one gets the impression that previous researchers had grown weary of trying to explain the relation between anger and aggression and so they turned their attention to just one or the other. Fortunately, our contributors agreed to wrestle once again with the thorny issue of how anger and aggression are related and what that relation means for treating interpersonal violence. What we learned from their work is that a clear, consensus understanding of this relation does not exist at the present time. What did emerge, however, was strong agreement that plumbing deeper the nature of this relation should yield valuable insights for both researchers and practitioners.

Is There Value in the Distinction Between Proactive and Reactive Aggression?

When our contributors directly addressed the anger-aggression relation, they often did so in the context of this familiar dichotomy. Many observed that anger and aggression are likely to covary, particularly when aggressive behavior is marked by heightened emotional arousal and a desire to lash out at those who are seen as harmful or threatening. It is worth noting, however, that most contributors tended to dismiss the validity and utility of the proactive-reactive aggression dichotomy. Some noted the lack of clinical specificity afforded by this distinction; others cited Bushman and Anderson's (2001) cogent critique of the research supporting this dichotomy. But there were notable exceptions to this dismissive position, and these came from scholars whose work has focused almost exclusively on aggressive children. Both Bierman and Hubbard (along with her coauthors) continue to see value in distinguishing proactive from reactive forms of aggression. Perhaps a shared interest in studying developing patterns of aggression makes the proactive-reactive distinction particularly useful to these scholars. In making their case for further study in this area, Hubbard et al. note (a) that highly correlated variables can still be distinct if they relate differently to other variables, (b) that longitudinal studies of reactive and proactive aggression are needed to

understand fully the nature of these two constructs, and (c) that psychophysiological profiles associated with reactive and proactive aggression have not received adequate attention from researchers.

Target Anger or Aggression?

As noted earlier, treatments for interpersonal violence tend to lean in one of two directions: Target clients' tendency to become dysregulated when angry or target their tendency to engage in overtly aggressive acts. The first approach places a premium on understanding anger-related difficulties from the perspective of emotional understanding and emotion regulation. The second approach is based more on operant and social learning theories of aggression and the contextual factors that maintain patterns of antisocial or prosocial behavior. Both approaches have solid research traditions, yet rarely are these traditions considered in tandem. Treatments that emphasize the goal of restricting aggression typically target aggressive children or violent youth for whom parents and other adult stakeholders (e.g., teachers) continue to play a critical helping role. But how do interventionists working with adult clients understand and approach the goal of containing aggression outside of session? To whom do victims look for protection from and containment of aggressive acts? Are interventionists who pay close attention to clients' anger experiences overlooking powerful external forces? Or is it the case that practitioners who focus heavily on the consequences of aggression fail to appreciate the challenge of altering clients' primary strategies for dealing with angry arousal? How would interventions that truly integrate the treatment of anger and aggression differ from existing approaches?

CONCLUSION

We are interested in advancing treatments for interpersonal violence, especially in cases where violence occurs among family members or between romantic partners. Angry feelings are hard to avoid in close relationships and anger is more common when those relationships are marked by chronic dissatisfaction. Aggression is one strategy that individuals can use to escape or avoid the discomfort of emotion-laden conflict. With repeated use and rewards, aggression can develop into a primary response to relationship-based anger. It would seem, therefore, that treatments for interpersonal violence would have to address the overlearned and functional relation between angry feelings and aggressive acts. Our contributors offer a state-of-the-science rendering of what is known about this complex relation and what practitioners can do to help

those clients caught in its pernicious trap. Readers will learn that understanding the functions of anger and the payoffs for aggression is a critical step to effective intervention.

Readers will also learn that clients' anger-related problems are often part of a larger clinical picture that includes comorbid symptoms and multiple and chronic life stressors. They will learn that solving serious anger and aggression problems is more than counting to 10 or venting pent-up feelings: It might involve helping clients understand the role of emotions generally and anger specifically, and it might mean clients' use of prescribed SSRIs (Selective Serotonin Reuptake Inhibitors). Readers will also learn that anger and aggression "works" for some clients and to ignore the reinforcing (and nonpunitive) consequences of interpersonal violence could be a serious clinical mistake. Readers will also learn that effective therapy will likely require that clients invest in skills that are a feasible replacement for established patterns of anger and violence, what Novaco calls a proactive posture. And readers will learn that clients will likely resist change efforts, for reasons that are sometimes hard to detect and understand, but that successful outcomes may well depend on therapists' ability to work through such conflicts and miscommunications.

In proposing this text, we made certain assumptions. We assumed that current views of the relation between anger and aggression are outdated and underspecified and that interventions for interpersonal violence would benefit from greater understanding of the anger-aggression relation. We also assumed that interventions for interpersonal violence would benefit from efforts to integrate treatments for aggression and treatments for anger. Finally, we assumed that interventions for interpersonal violence would be advanced when the relation between anger and aggression is considered across different forms of interpersonal violence and their corresponding treatments. It is our hope that greater understanding of the anger-aggression relation can help to identify critical change mechanisms and core intervention principles that can enhance practitioners' efforts to counter the tragedy of interpersonal violence.

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ANGER, AGGRESSION, AND GENERAL MODELS OF INTERVENTION



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Anger Dysregulation

Raymond W. Novaco

Our scientific spirit and concern for humanity implore us to attenuate violence, and that ambition easily reaches for anger control. Because aggressive behavior is so often activated by anger, the societal call for anger control fits with quotidian conflict resolution agenda and the broadly based quest for interpersonal harmony. Far more than seeking to enhance civility, social gatekeepers prudently look for ways of reducing violence risk, particularly in view of the familiar shortcomings of institutional corrections systems. As well, interest in anger control has extended beyond wanting remedies for violent behavior. There is now widespread recognition that this turbulent emotion, when experienced recurrently, has health impairment consequences.

Anger control has been a vexing issue that has been addressed in disparate ways by great thinkers across historical periods and by social scientists, clinicians, and community caretakers alike. While acknowledging anger's troublesome facets and by-products, we remain mindful of its personal and social value. Humans are hard-wired for anger because of its survival functions. There can be no sensible thoughts to negate it, much as the Stoics and the Victorians tried. Nevertheless, the aggression-producing, harm-doing capacity of anger is unmistakable, and so is its potential to adversely affect prudent thought, core relationships, work performance, and physical well-being. The problem conditions, however, are not derivative of anger per se, but instead result from anger dysregulation.

SOCIETAL AGENDA AND ANGER CONTROL DIALECTICS

Anger adds fine color to the human personality, and it enables perseverance in the face of hardship. Its interest value captivates our attention, and its threat significance commands it. Anger episodes, social scripted as

they are, make for amusement in portrayal, as we know that the shrapnel of everyday existence can jostle the most sanguine disposition. People become attached to their anger routines, which can be oddly satisfying. The psychosocial symbolism of anger casts it as energizing, empowering, signaling, justifying, rectifying, and relieving. Hence, interventions aimed at anger reduction might be disparagingly viewed as totalitarian ploys to stifle individuality and the human spirit. The term anger management might, in an Orwellian sense, connote invasive control over the will to determine one's own destiny. Social gatekeepers—parents, school principals, employers, police, and magistrates—of course, are not charmed by the mastery-toned elements of anger, but rather are sensitized to and unsettled by the contrary social metaphors of anger as eruptive, unbridled, savage, venous, burning, and consuming.

Because anger is too easily transformed into destructive aggression, it beckons for self-regulation. However, many of those who have anger regulatory difficulties that impair their social functioning are otherwise beset with adversities that attenuate control capacity. High-anger people often lead lives with multiple sources of anger aggression instigation. Although they are architects as well as recipients of their misfortunes, their anger troubles can be reflective of trauma, hardship, chaotic social relationships, and perhaps mental disorder. For those high in avenues of friction, impoverished in support structures, and short in countervailing resources for inhibitory controls, anger easily becomes a default response. It carries the aura of repelling threat and provides fortification of self-worth.

Important to note, in the context of the present volume, it is the embeddedness of anger in an admixture of adversities that sharply distinguishes this emotion in clinical populations from the anger reactions observed in the subject pools of university laboratories. Achieving change in clinically problematic conditions is a bit more complicated than offering distraction, supplying a cool drink, hitting a bop bag, or providing mitigating information about a perceived slight from an experimental confederate. Garden-variety anger reactions, whether laboratory grown or real life based, are qualitatively different from those rooted in longstanding distress. With seriously angry people, simply engaging them in the process of treatment is fraught with many obstacles. As Howells and Day (2003) have cogently articulated, the complexity of clinical cases, clients' inferences about their problems, clients' personal goals, mandatory treatment issues, institutional settings, cultural differences, and gender differences all bear on client responsivity to provided programs. Readiness for anger treatment often must be fostered therapeutically.

In contemporary society, seemingly omnipresent injunctions for "anger management" have taken many forms from the judicial proscriptive to

the satirical. Becoming prosaic risks trivialization of anger problems and of the change process, and it has inculcated mistaken views of interventions as mechanized procedures — that is, “putting him through an anger management course.” To be sure, anger control has been a societal agenda at least since classical philosophers grappled with the regulation of inner life and the enhancement of virtue. Anger was perhaps the prototype of the view of emotions as “passions” that seized the personality, disturbed judgment, altered bodily conditions, and imperiled behavior. Plato and Aristotle, in seeking the perfection of character and temperament, viewed moderation in anger as desirable. The Stoics, in contrast, precluded the viability of anger, as readily seen in the writings of Seneca and Epictetus. Roman and Greek philosopher/historians such as Cicero and Plutarch, also sought eradication of anger in the quest for tranquility of mind.¹ Predating the Greek and Roman Stoics were Buddhist teachings about the path to enlightenment, seeking to train the mind to gain inner strength. The military strategies attributed to Sun Tzu (4th century, 1983) saw anger as a fault on which military commanders could capitalize. The long-standing injunctions for anger control in the domains of work and family in American history are superbly presented by Stearns and Stearns (1986). Present-day cognitive-behavioral intervention advocates should not lose sight of this ancestry.

Whether we have made any advances in proscriptions for anger control in the past two millennia might be an unsettling question, and addressing it is a daunting task beyond the present scope. Yet, a brief example is useful here. The classical eradicationist view is perhaps best exemplified in the writings of Lucius Seneca (44/1817), who in first-century Rome was an adviser to Caligula and a tutor of Nero.² Seneca wrote systematically about anger control, and much of his important treatise on morals identified key elements stipulated by contemporary cognitive and social/personality psychology concerning emotions. The conception of anger as a product of threat perceptions, as having confirmatory bias characteristics (i.e., the perception of events is biased toward fit with existing anger schemas), as being primed by aversive precursors, and as having social-distancing effects (i.e., expressing anger keeps people

¹It is exceedingly difficult to summarize the writings of philosophers on anger, even for a single historical period. Fortunately, for the classicists, there is a masterful book by Harris (2001) and a very fine edited volume by Braund and Most (2003).

²Seneca’s friction with Nero, culminating in the odious emperor forcing him to commit suicide, is summarized in an account given by Roger L’Strange in the introduction to the Harper & Brothers edition of the *Morals* (Seneca, 44/1817). Nero’s deadly brutality, including toward his mother and wives, ended in his own suicide by stabbing himself in the throat (cf. Hibbert, 1985, who also provides an excerpt of Seneca’s condemnation of the savagery of gladiatorial contests).

away), which are part of the present author's view of anger, can be found in Seneca (44/1817). Like other Stoic philosophers, who negated the value of emotions, his view of anger was almost exclusively negative. Seneca recognized the powerful role of cognition as a determinant of anger, advocated cognitive shift and reframing to minimize anger, and saw the merit of a calm response to outrageous insult. However, he discounted the functional value of anger and failed to recognize the importance of the intensity dimension, which thereby led him to miss the principle of regulation. Seneca often confused anger with aggression (despite having differentiated them), did not inform us about the etiology of anger dysregulation, and did not understand how anger can be entrenched in personality and pose resistance to change efforts.³

People having serious anger problems often do not embrace treatment, largely due to the value that they ascribe to anger in dealing with life's adversities. Because anger can be comingled with many other clinical problems (e.g., personality disorder, psychoses, substance abuse, dementia), getting leverage for therapeutic change can be an elusive goal, particularly when referrals for anger treatment entail some element of coercion. Efforts to achieve clinical change are challenged by the adaptive functions of anger as a normal emotion, such that it is not easily relinquished. Anger can be ingrained in personal identity. Moreover, when derivative of a traumatic life history, it serves protective needs, but its social-distancing function is an obstacle to therapeutic change efforts.

Because anger activation may be a precursor of aggressive behavior, it often presents safety concerns for mental health professionals, wary to engage it as a treatment focus. Assaultiveness is indisputably a significant problem for those providing care to psychiatric patients, which is discussed more fully later. However, though many high-anger patients may present with a hard exterior, they can be psychologically fragile—especially those having histories of recurrent abuse or trauma and those for whom abandonment and rejection have been significant life themes. Anger and aggression as character armor can mask felt vulnerability, as can be generated by the foreboding punitive actions of powerful social systems.

The instrumental value of anger and aggression can make for their intractability; hence therapeutic change agents should bear in mind functionality themes. Detaching someone from anger/aggression routines smartly proceeds from recognition of the functions served by them, both

³Another Stoic philosopher, Epictetus, was commonly quoted in early cognitive therapy writings, such as by Albert Ellis and Donald Meichenbaum. In his book on anger, Ellis (1977) oddly missed Seneca, and his approach to anger is to see it as largely derivative of irrational beliefs and its remediation as predicated on modifying those beliefs.

manifest and latent. Functional analysis of anger was a springboard for early cognitive-behavioral anger treatment (Novaco, 1975, 1976), and keeping sight of functionality is an implicit premise in the “Aggression Replacement Training” work of Arnold Goldstein and his colleagues (Goldstein & Glick, 1987; Goldstein & Keller, 1987; Goldstein, Nensen, Daleflod, & Kalt, 2004). When we seek to diminish anger or encourage its moderation, strive to promote prosocial behavior as an alternative to reactive aggression, and generally aim to displace values conducive to violence, we should be cognizant of the broad array of influences that sustain violent behavior and anger activation.

As the notion of functionality is intrinsic to the systems-oriented approach to anger that is advocated here, it is useful to first present some thoughts on functions of violence and of anger. The theme of symbolic control of anger and aggression emerges when functions are examined.

FUNCTIONS OF VIOLENCE

One of the most incisive observations in social science was that of Robert Merton (1957), who stated that persistence was evidence of function. Indeed, Merton (1938) saw the social order as an impulse management device, a way of regulating biologically based tensions. Violence, of course, has certainly been persistent.⁴ Its functions can be construed in terms of two broad categories: *core survival value functions* and *extended social system value functions* (see Table 1.1). The elaboration of these categories and their partitioning is not done here, as the point is to highlight contextual influences and symbolic structures that sustain violent behavior.

Violence is harm-doing behavior. In the service of survival maintenance (viz. defense of self, loved ones, and resources needed to sustain well-being) there is exonerated harm-doing. Humans, though, are unique in the animal kingdom in using aggression not only for defense of self, family, and sustenance, but also in defense of symbols. Humans territorialize ideas as well as real estate. Thus, warfare has often been about the defense of symbols and their promulgation. Democracy

⁴The woolly-headed canard that, as humans, we are more violent now than we have ever been is easily dispelled by elementary attention to history. The Assyrians, Romans, Turks, European monarchies, Mongolians, and Zulus, to take a few dynastic examples, perpetrated ample brutality. Consider that Genghis Khan virtually depopulated northern China in the 13th Century when he slaughtered tens of millions of Chinese or that there were approximately 2 million casualties in the battles of the Somme and of Verdun in 1916 in World War I. The history of Renaissance Florence is filled with artistic achievement, but it is also replete with killing.

TABLE 1.1
Functions of Violence

<i>Core Survival Functions (manifest functions)</i>	
Survival maintenance	<ul style="list-style-type: none"> • defense of self and loved ones • for humans, defense of symbols and their promulgation
Acquisition and defense of resources	<ul style="list-style-type: none"> • given finite resources or differential demand for resources, violence has utility • given that human nature is flawed, violence will be used by some, to get what is needed or desired, despite proscribed norms and punishments
<i>Extended Social System Value Functions (latent functions)</i>	
Societal unification and sustaining of social bonds	<ul style="list-style-type: none"> • violence as external threat encourages activities that promote efficient defense and well being of the community • reinforces social bonds encouraging procreation
Social system ordering and regulation	<ul style="list-style-type: none"> • induces hierarchical ordering of social system, legitimizing control mechanisms for minimizing conflict • regulatory structures (laws, police, courts) are reinforced by violence and thereby given greater legitimacy for extension to nonviolent rule breaking
Sustains conceptions of “good” and “just”	<ul style="list-style-type: none"> • demarcates “evil” people and “bad” behavior • violence is intrinsic to the norm of retaliatory and redressing of grievances
Ventilation/discharge	<ul style="list-style-type: none"> • gives expression to anger and distress, having cathartic value
Freedom representational	<ul style="list-style-type: none"> • represents demonstration of freedom, liberty, autonomy, and power
Entertainment	<ul style="list-style-type: none"> • in direct and vicarious forms, it produces arousal and enhancement of sensation • violence is a commodity having economic value

and national pride have served to justify and motivate war at least since the funeral oration of Pericles, as recounted by Thucydides, in fifth-century BC (Thucydides, 1960). However, in the vein of core survival needs, violence also functions to acquire resources—material, status, and so on. It is used to get what is needed or desired. Given finite resources or differential demand for bountiful resources, violence has utility for their acquisition.

These survival maintenance functions are transparent. What are less obvious, but nevertheless identifiable, are the extended social system value functions served by violence. These are not elaborated here, but the simple idea to register is that there are social-context considerations to be given to the occurrence of violence, and factors bearing on its enactment may be not so conspicuous. For example, violence, in the form of external threat, serves purposes of societal unification and reinforcement of social bonds. It encourages activities that promote efficient defense and community coalition, as well as procreation and the production of capital resources. This is the use to which the tags of the “Great Satans” and “Evil Empires” have been put. Governmental leaders have always known the value of having external enemies, which not only mobilize the populace against the designated external foe but also serve to distract attention away from internal problems.

System-ordering effects result from violence. In animal species, both intraspecific and interspecific aggression has long been understood by ethologists to have species-preserving functions (Cloudsley-Thompson, 1965; Eibl-Eibesfeldt, 1967; Lorenz, 1966). Aggression induces a hierarchical structuring of the social group. In humans, it also legitimizes external controls for the minimization of conflict and optimizing of production. Social scientists have been aware of that certainly since Hobbes’s (1651/1958) social contract theory, for which the authority of the sovereign was predicated on violence control. Violence fosters establishment of regulatory mechanisms (laws, agencies, punishments) that instill internal control of impulses. Structures established to curtail violence (laws, police, courts) are in turn reinforced by violence, and are thereby granted greater legitimacy in extension to nonviolent rule breaking or civil disputes. Scherer, Abeles, and Fischer (1975) discussed the system-enhancing functions of conflict and also asserted that conflict resolution helps a system to adapt to its environment.

Associated with the system regulatory function of punitive correction is that violence is intrinsic to the norm of retaliation and the redressing of grievances. Embedded in this norm of *lex talionis* is the theme of “justification.” Retaliatory harm-doing behavior (whether that be in the form of a “just war,” interpersonal defense, or judicial punishment) is deemed justified by unprovoked or unwarranted aggression. Violence in this context

also sustains conceptions of “good” and “just” by demarcating “evil” people and “bad” behavior meriting punitive treatment. Malicious people, who do unjustified violence, are thought to justly deserve retaliatory responses that may be violent in response.

The justification theme is strongly driven by symbolic structures. What is judged to be the transgression, affront, or wickedness is shaped by schema or macro knowledge structures. The threat schema of a social group can heighten attention to transgressions or signals of malicious intent. Violations or encroachments might be exacerbated or excused by status variables that mark the action as especially onerous or, alternatively, as forgivable. Justification is a core theme in the activation of anger and aggression, being rooted in ancient religious texts, such as the Bible and the Koran, as well as classical mythologies about deities and historical accounts of the behavior of ancient rulers.⁵ Anger, as well, is very much infused with themes of justification, and even righteousness—exemplified by God’s anger in the *Dies Ire* (Days of Rage) segment of the Latin Mass of the Dead. Retaliatory aggression recruits anger as an energizer.

There are other latent functions of violence related to symbolic structures. One is that violence also has a freedom representational function—which can perhaps be viewed as an opponent process (Solomon, 1980) to societal efforts to constrain aggressive behavior. Violence constitutes a deviation from prevailing regulatory codes and thereby represents demonstration of freedom, autonomy, liberty, and power separate from sovereignty. The point of departure for revolutions is a violent act, which itself takes on powerful symbolic signification and longevity, reflected in societal celebrations.

Still another latent function is that violence has entertainment value. In both direct and vicarious forms, it produces arousal and the enhancement of sensation. At least since gladiatorial contests in the Roman Coliseum, violence has been a commodity having economic value. For audiences, of course, the product is served as a vicarious experience. Drama, film, music, and other art forms give portrayals of violence that provided amusement and aesthetic appreciation. As Konecni (1991) has argued, actors’ anger and enacted violence have demonstrable effects on spectators, including audience empathy and identification with the characters.

⁵Biblical examples of the justification theme can be found in its various books, such as the Psalms and Zephaniah, as well as in Ezekiel, where one finds the passage (25:17) recited by Samuel Jackson’s character in the movie *Pulp Fiction*, “and I will execute great vengeance upon thee with furious rebukes.” Stone narrative examples are seen in the palace wall reliefs of seventh-century BC Assyrian kings Sennacherib and Ashurbanipal (now in the British Museum in London), which depict massive savagery by these kings who considered themselves gods.

As a concluding note to this discussion of violence functions, something should be said about the “hostile versus instrumental aggression” canard. This distinction is often made to differentiate aggressive behavior that is enacted for the purpose of doing harm/damage to the attacked person/target from aggression that is motivated by noninjurious goals, such as economic gain or status enhancement. This is a bogus distinction, as aggression is inherently instrumental (including being an expression of anger), so the idea of noninstrumental aggression makes little sense. Other relabelings of this distinction, such as “annoyance motivated” versus “incentive motivated” or “reactive” versus “proactive” have been offered. These bifurcated classifications of aggression that hinge on ambiguously differentiated goal distinctions can be bypassed by simply thinking of aggression as occurring with or without anger (Novaco, 1998).

A most thorough discussion of this issue was proffered by Bushman and Anderson (2001), who concluded that it was time to “pull the plug” on the dichotomy.

ANGER FUNCTIONS

Akin to aggressive behavior, anger has functional value for survival. In the face of adversity, it can mobilize physical and psychological resources, energize behaviors for corrective action, and facilitate perseverance. Anger serves as a guardian to self-esteem, operates as a means of communicating negative sentiment, potentiates the ability to redress grievances, and boosts determination to overcome obstacles to our happiness and aspirations. The acceptability of its expression and the form that its expression takes vary socioculturally (e.g., Averill, 1982; Kassinove, Sukhodolsky, Tsytarev, & Solovyova, 1997; Malgady, Rogler, & Cortes, 1996). Attending to how anger functions provides knowledge about this emotional state or syndrome and also can inform clinical intervention strategies that aim to diminish anger responding.

In the major aggression theories of Berkowitz (1962), Feshbach (1964, 1971), and Bandura (1973, 1983) respectively, anger arousal is assigned response-energizing, response-motivating, and response-activating functions. Anger is viewed in each of those theories as an emotional response that facilitates aggression, rather than as a necessary condition—which remains the standard position among aggression scholars. However, in his subsequent theorizing, Berkowitz’s (1990, 1993) view is that anger occurs parallel to aggression and that both are produced by “negative affect” induced by unpleasant external events.

In the field of emotion, anger was prominently addressed by Darwin (1872/1998), both throughout that volume and in a chapter detailing its

vicissitudes (i.e., defiance, indignation, rage, and hatred). Many theories of emotion have enlarged upon the Darwinian view of emotions as reactions to basic survival problems created by the environment and on Cannon's (1915) idea that internal changes prepare the body for fight or flight behavior. These core ideas are exemplified in Plutchik (1980), as well as in Lazarus (1968). From Cannon to Lang (1995), emotion has commonly been viewed as an action disposition. As well, emotional expression is understood to have communicative value, which Darwin (1872/1998) recognized and which has received extensive research attention from Ekman (2003), Izard (1977), and others.

The psychodynamic view of aggression, discussed more fully later regarding anger regulation, though not disposed toward a functional perspective, tends to see anger—or more exactly “hostility”—as a motivational force for human destructiveness. One finds that view in core psychoanalytic writings on aggression from Freud (1930/1961) to Saul (1956). Bowlby's (1973) discussion of anger is sparse—it occupies a very small proportion of the text, despite its inclusion in the book's subtitle. However, Bowlby saw anger as functional when it served to fortify attachment bonds and dysfunctional when it weakened them.

The social constructivist approach of Averill (1982, 1990) is very important. He views anger as a socially constituted syndrome—a transitory social role governed by social rules. His constructivist viewpoint emphasizes the idea that the meaning and function of emotions are primarily determined by the social systems in which they occur and of which they are an integral part. Emotions are interpreted as passions, rather than actions—that is, as something that happens to one, rather than something that one does. He articulated this analysis with relevant biological and psychological systems, and his scholarly book covered historical, philosophical, legal, and scientific literature.

The identification of anger functions by Novaco (1976) was undertaken with an eye toward treatment provision. The central idea was that the inherent instrumentality of anger and aggression would be an impediment to therapeutic change efforts. Thus, clinical assessment should incorporate ideographic functional analysis of anger patterns. Encapsulating and recasting that earlier formulation, anger can be seen to have the following functions: It *energizes* behavior as a high arousal state, increasing the amplitude of responding; it *focuses* attention on situational elements having threat significance; it *expresses* or communicates negative sentiment, to convey displeasure and to prompt conflict resolution; it *defends* the self by social distancing and fear suppression, and it also defends self-worth by externalizing attributions of blame for misfortune; it *potentiates* a sense of personal control or empowerment, among social groups as well as individuals; it *instigates* aggressive behavior due to its survival

relevance, symbolic linkages, and learned connections; it *signals* information about personal state and situational significance, which is relevant to self-monitoring; and it *dramatizes* a social-role enactment, in the sense of anger expression being dramaturgy played out in accord with social scripts.

By understanding how anger functions for an individual identified as having a problem meriting treatment, the attempt at intervention can more smartly proceed by addressing the needs being served by the troublesome anger responding routines. Functional analysis has long underpinned the experimental analysis of behavior approach to human aggression, as applied, for example, by Marcus, Vollmer, Swanson, Roane, and Ringdal (2001) to persons with developmental disabilities. It has also been applied to deliberate self-harm (Gratz, 2003). As well, Daffern and Howells (2002) have argued for a functional-assessment approach to inpatient aggression to guide selection of management strategies and psychological intervention.

To provide some elaboration here of one not so obvious treatment-related aspect of an anger functions orientation, consider the “signaling” function mentioned previously. The assertion is that anger serves as a discriminative cue of an unwanted state of affairs. Anger is a sign of agitated distress or tension, acute or chronic, arising from aversive circumstances.

Anger activation varies in Central to anger regulation is self-monitoring. One must detect a signal of departure from homeostasis in order to correct the deviation. Anger activation varies in frequency, intensity, duration, and mode of expression, which can be considered anger problem parameters (cf. Novaco & Jarvis, 2002)—that is, response dimensions on which we can gauge whether someone can be understood to have an anger problem. The intensity dimension functions as a qualitative discrimination, because we partly judge that we are *angry*, as opposed to being “upset,” “bothered,” or “annoyed” by virtue of the affect intensity. Unlike frequency, which is quite variable culturally, degree of intensity is much more clearly indicative of dysfunction, because physiological arousal is an intrinsic element. It is well established scientifically that high arousal disrupts performance, especially mental processes involved in complex tasks. In addition to having cognitive interference effects, high-intensity anger leads to impulsive behavior, as it overrides inhibitory controls. People often judge their anger intensity from their behavior in an anger episode, although this is more the case for men than for women (Frost & Averill, 1982); however, there are many internal cues, both somatic and cognitive, that demarcate anger intensity. With regard to engaging clients in anger treatment, the intensity of anger is a gateway parameter as high-intensity anger is easily designated as unwanted. Moderating anger intensity is a therapeutic goal that quite readily receives endorsement.

A CONTEXTUAL PERSPECTIVE ON ANGER CONTROL PROBLEMS

Personal narratives about anger experiences provide the observational base from which we understand anger as a subjective emotion. Indeed, anger incident accounts that unfold the phenomenology of provocation episodes can mesmerize an audience, being a routine ploy of comedians. The attributional bias inherent in self-centered portrayals is transparent, but there is another bias common in anger incident accounts that is not so readily detected. When people report anger experiences, they most typically tell about things that have “happened to them,” describing elements physically and temporary proximate to the anger arousal—that is, they ascribe the provocation to aspects of the immediate situation in which anger was activated. Provocation sources are ordinarily identified as the aversive behavior of others, such as insults, unfair treatments, or deliberate thwartings. Anger is then prototypically experienced as a justified response to some “wrong” that has been done, portrayed in the telling as being something about which anger is quite fitting. Thus, subjective accounts of anger experiences can be seen to have a “proximity bias” (Novaco, 1993).

The seductive quality of anger narratives is misleading about sources of anger arousal and about variables influencing its course. This does not just pertain to ordinary discourse. A number of studies on activators of anger have been based on daily diary data and classifications of open-ended incident descriptions, whereby respondents confine their account of the anger instigation to proximate situations. Assigning the causes of anger to discrete occurrences has occurred in the community and student studies by Averill (1982), the autobiographical narrative studies by Baumeister, Stillwell, and Wotman (1990), and the student questionnaire studies of Ben-Zur and Breznitz (1991) and M. B. Harris (1993), as well as the informative Kassinove et al. (1997) cross-cultural study. These investigations have applied a discrete-event, main-effects conception to anger activation, rather than a search for higher order interactions. Yet, self-report questionnaires can be constructed to examine the variance in anger reactions associated with situations, modes of response, and individual differences, as did Endler and Hunt (1968), who found that nearly 30% of total variance was associated with interactions.

Viewing anger from a contextual perspective and incorporating system theory concepts captures the dynamics of anger in a way that is helpful to treatment and prevents clinicians from getting stuck in the head—that is, restrict their purview to intrapsychic factors. Intervention for persons troubled by anger can usefully proceed by examining the environmental, interpersonal, and dispositional subsystems that shape anger reactions.