



**ST. JOHN'S**  
UNIVERSITY

**What works in treating Anger?  
A Research Review and an Analysis of What is  
missing in our Anger Treatments**

Raymond DiGiuseppe, Ph.D., ABPP  
St. John's University

and  
The Albert Ellis Institute  
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## Seneca On Anger

We are here to encounter the most outrageous, brutal, dangerous, and intractable of all passions; the most loathsome and unmannerly; nay, the most ridiculous too; and the subduing of this monster will do a great deal toward the establishment of human peace (Seneca, On Anger, 40-50 AD)



## Seneca On Anger

My purpose is to picture  
the cruelty of anger  
which not only vents its  
fury on a man here and  
there but renders in  
pieces whole nations.  
(Seneca, On Anger 40-50  
AD).



3



## Lee & DiGiuseppe (2017)

- We began a new meta-analytic review of Anger Treatments.
- We first searched the literature for other reviews
- We encountered 13 different meta-analytic reviews that were done.
- The most recent of these focus on treating anger in specific populations

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## Lee & DiGiuseppe (2017)

- This included more than 240 studies across populations.
- We have searched and discovered more.
- Thus, we have a larger literature upon which to base conclusions.

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## Lee & DiGiuseppe (2017)

- *There is considerable variability in the effectiveness of anger treatments.*
- We have data on
  - Clinically referred adults & children,
  - Children in special education,
  - Adults with intellectual deviancies.
  - Adult Inmate
- We did not find a review that reviewed the literature on perpetrators of domestic violence or child abuse

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## Lee & DiGiuseppe (2017)

- Cognitive-behavioral interventions are the most commonly studied treatment of anger.
- We still do not know much about what interventions within CBT are the best.

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- The research is mostly CBT.
- A small number of studies focused on treatments based on non-CBT, such as psychodynamic and family therapy. Proponents of other models have failed to produce empirical studies in this area
- The quote by Carl Sagan, “Absence of evidence is not of evidence of absence,” prompts us to suggest that treatment research in other theoretical approaches is needed, as they have failed to produce empirical studies in this area.

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- Researchers usually do not label the components of their CBT. Are we getting the most efficient CBT?
- Behavioral rehearsal may be more effective than therapy targeting cognitive changes.
- These include assertiveness training, social skills training, and exposure based interventions
- The problem of graduate education in CBT.
- Too much C in CBT and not enough B

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## Type of Sessions

- Court-mandated anger management classes are underrepresented in the literature
- Most of the research presented in this review, with the exception of one meta-analysis, included group therapy and not anger management classes.

1



- The term *class* implies larger numbers of participants per session than group or individual therapy.
- Anger management classes are psychoeducational in nature and treatment is not based on individualized case conceptualizations.
- We have little empirical data on the effectiveness of this commonly mandated interventions.

1



## Who are the Subjects

- Studies and reviews distinguish subjects by common demographic categories (age) or place that service is provided (prisons, special education)
- Rarely by clinical problems Except for Taylor and Novaco's work o those with intellectual disabilities.
- Future research could benefit from a common taxonomy of anger-related problems

1



- A few studies have explored anger treatments in those with PTSD and Borderline Personality Disorders.
- Future research could benefit from a common taxonomy of anger-related problems.
- There is no DSM or ICD diagnosis
- No taxonomy of anger problems is yet accepted.

1



- No meta-analysis has examined the effectiveness of anger or aggression treatments for domestic violence or child abuse perpetrator, and only one meta-analysis in the current review included abusive parents and partners in their overall sample .
- This represents a serious lack of progress in this important area of service delivery, and given the multi-level consequences of domestic violence, is a critical area for future treatment research of anger and aggression.

1



## Review of Research on Domestic Violence

- We have successfully coded studies on anger treatment of perpetrators of partner violence.
- All of the above findings seem to apply.
- However the effect sizes are lower.
- We are less successful with this populations

1



## Assessment instruments

- More than 80% of research in anger treatments use the Spielberger STAXI – State-Trait Anger Expression Scale Versions 1 or 2.
- Does this adequately represent clinical disturbed anger.
- Note my conflict of interest on this topic (Anger Disorder Scale)
- We are developing an Anger Management Outcome Questionnaire that mirror Lambert's OQ

1



## Who are the informants

- Most measures are self-report.
- What have learned from the assessment of internalizing and externalizing disorders?
- Those with externalizing disorders underreport their symptoms and other informant data is more accurate.
- Can we ask significant others for assessments.

1

# WHAT IS MISSING IN OUR UNDERSTANDING OF ANGER



## Myth # 1 about Anger Treatment - The Low Self-Esteem Causes Anger and Aggression

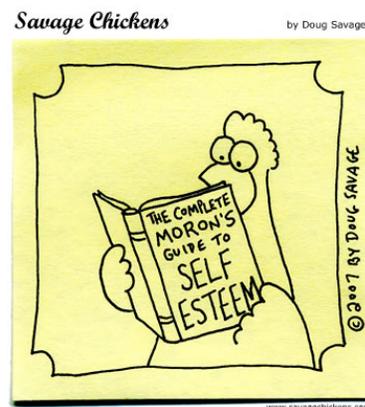
Anger results from perceived threats to *high, unstable self esteem* (Baumeister, Smart & Boden, 1996). It is not necessarily high self-esteem, but narcissism that leads to anger and aggression. Narcissism involves passionately wanting to think well of oneself. Not all people with high self-esteem are narcissistic, but narcissists appear to have high self-esteem. Threats to self-esteem in narcissists results in increased anger and aggression (Bushman & Baumeister, 1998). Teaching self-esteem does not necessarily lead to narcissism, but it could.

1

## Self-Esteem, Anger, & Aggression

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- People have hypothesized that all types of aggression are mediated by low self-esteem. Supporters of this position offered no research to back corroborate this belief.



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## Anger is usually studied as a comorbid system in other disorders

- The presence of anger usually leads to more severe symptoms in the primary diagnosis.
- The presence of anger usually has poorer prognosis for treatment
- Anger treatments would be appropriate for whom anger is not the primary symptom.

2



## Self-Esteem, Anger, & Aggression

- Research indicates that aggressors act because they have unearned *high* self-esteem/ or high unstable self-esteem.
- Superiority-complexes exist both in individuals, such as the criminals, and in societies, such as Nazi Germany.
- See Baumeister, R. F., et al. (2005). "Exploding the Self-Esteem Myth" *Scientific American*, January 2005.

2



## High Self Esteem and Narcissism

- These are very different constructs.
- High Self-Esteem is adaptive and has positive correlates, and is associated with positive views of the self (Brummelman, Thomaes & Sedikides, 2016).
- Narcissism is an extreme form of high self esteem associated with negative and views of others and superiority over others



2

## Self-Esteem Training

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- Because of the hypothesized link between self-esteem and academic achievement and aggression, many educators foster self-esteem building programs.
- Do they work?
- NO

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## Do Angry People Want to Change?

Angry People do not come for therapy they come for Supervisions.

They want to change those who trigger their anger.

2



## Motivational Enhancement Interventions

- People feel *little desire to change or control* their experience of anger. The only emotion that people are less likely to want to change is joy (Scherer & Wallbott, 1994).
- Angry clients do not come to us for treatment they come for supervision.
- They want us to consult with them to change the people who anger them.

2



## Motivational Enhancement Interventions

- External attributions for blame and justification because one has been hurt are two of the cognitive hallmarks of anger.
- When you ask someone to change they often take it as an indication that you are siding with the enemy.
- In other terms, clients arrive for treatment in a pre-contemplative stage of change and the therapeutic alliance agreement on the goals of treatment is often fragile.

2

“my way is to divide half a sheet of paper by a line into two columns; writing over the one Pro, and over the other Con. Then, during three or four days of consideration, I put down under the different heads short hints of the different motives, that at different times occur to me, for or against the measure. When I have thus got them all together in one view, I endeavor to estimate their respective weights; and where I find two, one on each side, that seem equal, I strike them both out. If I find a reason pro equal to some two reasons con, I strike out the three . . . and thus proceeding I find at length where the balance lies; and if, after a day or two of further consideration, nothing new that is of importance occurs on either side, I come to a determination accordingly. And, though the weight of reasons cannot be taken with the precision of algebraic quantities, yet when each is thus considered, separately and comparatively, and the whole lies before me, I think I can judge better, and am less liable to make a rash step, and in fact I have found great advantage from this kind of equation.”



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# REVENGE

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## Revenge

- Psychology rarely studies revenge. Go to the English or Classics Departments to learn about it.
- A rich source of stories since Sophocles' *Ajax*.
- Few references in Psychological abstracts on Revenge.
- Revenge on Managed Care is the main reference.
- If you want to know about revenge, watch the Opera *Rigoletto*, read the classic *The Iliad*, go see the musical *Sweeney Todd -The Demon Barber of Fleet Street*.

## Revenge Tragedies

### THE REVENGERS TRAGÆDIE.

*As it hath bene sundry times Acted,  
by the Kings Majesties  
Servants.*



AT LONDON  
Printed by G. E. v. and are to be sold at his  
house in Fleet-lane at the signe of the  
Printers-Trade.  
1608.

31

### The Spanish Tragedie: OR, Hieronimo is mad againe.

Containing the lamentable end of *Don Horatio*, and  
*Belimperia* with the pitifull death of *Hieronimo*.

Newly corrected, amended, and enlarged with new  
Additions of the *Painters* part, and others, as  
it hath of late been diuers times acted.



LONDON,  
Printed by W. White, for I. White and T. Langley,  
and are to be sold at their Shop ouer against the  
Sarazens head without New-gate. 1615.

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## Revenge in Opera

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Verdi's Opera *Rigoletto*.

Enrico Caruso as the evil  
Duke of Mantua, target  
of *Rigoletto's* revenge.

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# Hamlet

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**Oh Vengeance !**

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## Revenge

Thoughts of revenge leads to increased activity in the reinforcement centers of the brain.

Revenge is Positively Reinforcing.



## The Big Reinforcers

- Sex
- Drugs
- Rock 'n' Roll
- and Revenge

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## Which Interventions target Revenge

- Forgiveness
- Acceptance

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# Rumination as a Cognitive Process In Anger

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## Impulsivity & Rumination

- Rumination is associated with depression.
- Affective anger is supposed to be impulsive.
- But Impulsivity and Rumination are strongly correlated in adults.
- They cannot be separated as separate scales in adolescents.
- Most people ruminate before they aggress.
- Very few people are impulsive without ruminating.



## Rumination

- Most angry clients have rumination and anger-in besides anger-out.
- Treating their impulsivity will not help totally
- Self-control is like a muscle and it tires (Baumeister, 2003).
- Reducing rumination will lead to less aggressive incidences.

3



Which COGNITIONS are Most  
Related to  
ANGER

4



- CBT could be more effective if we knew what thoughts and beliefs if we examined the cognitions that best predict anger.
- Much of the research on cognitions and anger are on constructs developed to mediate depression and anxiety

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- Major support for
  - Negative Automatic Thoughts
  - Demands
  - Frustration Intolerance
  - Attributions For Hostile Intent
  - Positive Coping Statements.
  - Negative foul language

4



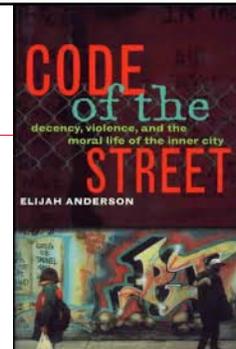
- We adapted a scale by Martin and Dahlen to assess several cognitive constructs and used in with adolescents and adults
- The cognitions that predict anger best from the above are:
- Ellis's Demandingness &
- Consequential Thinking from the problem solving literature
- However, We think an unstudied construct might predict better

4



## Honor Code

- Much research suggests that the Honor Code leads to aggression.
- It flourishes more in places where there is no policing (McCullough, 2008).
- And research suggests that in some contexts it is true (Barash & Lipton, 2011).



4



- Our research shows that a measure of HONOR CODE predicts anger better than all other constructs.
- Yet it is usually missing in anger management programs and the CBT anger literature.

4



## Honor Code

- Is this a cognitive distortion, and irrational belief?
- When is it true?
- Should we challenge the veracity of this idea as if it was a negative cognitive distortion as suggested in CBT

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