

Dealing With Our Anger

Fact Sheet No. 10.236

Consumer Series | Family

by R.J. Fetsch and B. Jacobson*

There are a number of practical ways that individuals, couples, families and communities can empower themselves to make small yet significant differences in the amount of violence that's happening in society.

What Is Anger?

Anger is an emotional or behavioral reaction of displeasure to an unmet expectation, demand or belief. Anger has three components: thinking, feeling and acting.

The thinking part is negative thoughts and beliefs about others. When we are angry, we may think: "I'll have to remind her three times and get mad before she'll set the table!"; "You can't trust him! He's always out to get what he can for himself!"; "Those gang members don't deserve protection."

If we think this way, judgments may increase our feelings of threat and actions of defensiveness.

The feeling part of anger includes from low to high levels: disappointment, annoyance, irritation, resentment, frustration, contempt and rage.

We may turn our thoughts and feelings into action. When people are angry, they may do a variety of things: shake their finger and say, "You turkey! Get your _____ car out of my way!"; or, "Say what? You called me a _____? We'll see about that!"

Extreme actions that express anger include assault and violence. In the last few years, multiple murders in post offices, on public trains, in fast-food restaurants, and through gang-related activities led to public outcry and a call for legislative action to control handgun sales, stiffen penalties on felons, and appropriate funds for prevention.

*R.J. Fetsch, Colorado State University Extension human development and family studies specialist and professor, human development and family studies; and B. Jacobson, retired Extension family and consumer sciences agent, Douglas County. 4/2007

How to Manage Anger

There are many popular ways to manage anger: count to 10, take three deep breaths, take time out, leave the situation, ask yourself if anyone will remember this problem in five years, etc.

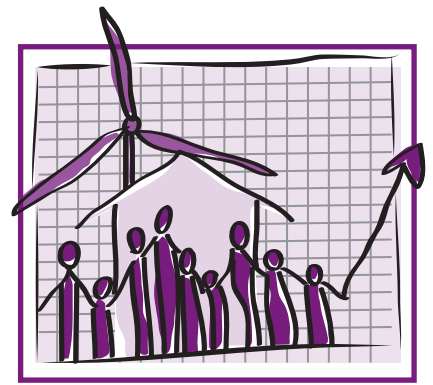
How many times were you angry, and your anger gave you the energy and the motivation to redirect your actions constructively? Some people make positive use of their energy or adrenaline in anger to communicate with the other person or take action to solve the problem. For example, instead of lying awake all night and stewing, one person preferred to get up in the middle of the night to map out a strategy to resolve a problem with a boss. This helped manage his anger. Another person might prefer to "compartmentalize" or leave the problem at work and get a good night's sleep.

The first step is to stop, be aware of and acknowledge the feelings that indicate anger. The more aware we are of the early symptoms of disappointment and irritation, the more likely we can take effective steps to solve the problem, decrease our anger and prevent a potentially violent scene. The less aware we are of our anger, the more likely we are to have trouble controlling our anger, which can turn to rage and actions that hurt ourselves or others.

Many times we get angry at others who fail to meet our expectations. When this happens, express the anger and unmet expectation in a constructive way that is likely to lead to a resolution. A constructive way is to use an "I" statement, rather than a "you" statement: "You always forget to _____", or "You never pick up your clothes."

"You" statements blame. When we are blamed, we usually defend ourselves. "What do you mean, I never pick up my clothes? I picked them up the day before yesterday!"

Successful I-statements open up discussion and lead to solutions to the problem. "When you _____, I felt _____ and what I want is _____."



Quick Facts

- It helps to understand anger if we look at its three components: thinking, feeling and acting.
- The first step to managing anger is to be aware of and acknowledge the feelings that indicate you are angry.
- The early symptoms of anger are disappointment and irritation. One method to control anger is the STAR-R approach (stop, think, ask, reduce and reward).
- Habitual hostility can lead to heart attacks and can increase your risk of dying from other causes.

© Colorado State University Extension. 1/02. Revised 4/07.

www.ext.colostate.edu



For example: “When you didn’t pick up your clothes yesterday and put them in the hamper I was angry and felt unappreciated and taken advantage of. What I want is to find your clothes in the hamper when I am ready to do the laundry.”

How to Control Anger

Have you ever been so angry you couldn’t see straight or you felt like taking it out on anyone who happened to be available, like the dog, a spouse or child? These are good times to back off and control your anger. Once we control it, we can channel it into successful problem-solving by beginning with an I-statement.

One approach to use is called the STAR-R approach, from the book, *Preparing for the Drug (Free) Years: A Family Activity Book*. STAR-R stands for stop, think, ask, reduce, and reward.

Stop. Notice when you get angry and look for the signs. Is your voice rising, neck tightening, face getting hot, hand shaking, jaw tightening and breath shortening? Do you want to run away?

Think. Try to picture the consequences if you lose control. Most of us don’t want to hurt our children, spouse, co-workers or others, either physically or emotionally. If you try to picture the consequences both for you and for the person with whom you are angry, it can help you engage your brain before you engage your tongue or fist. Example: “If I lose control, I’ll feel worse, be embarrassed, humiliate myself and the other person in front of friends. There might even be a newspaper story with my name in the headlines tomorrow.”

Ask. Ask yourself what you’re really angry about. What do you want? All too often the family member we’re angry at is just in the wrong place at the wrong time. We may actually be angry about a decision our boss made, the slow driver who made us late, or ourselves for not handling a situation as well as we should have. (Notice the unmet expectations in each case?)

It usually is safer to take our anger out on a spouse or child than on other people. It also is probably easier to yell at our children for not doing their homework than to face the possibility that we made a mistake or that we don’t have enough money to pay the bills. Still, sometimes we need to tell the person by using an effective I-statement. (“When you _____, I felt angry, and what I want now is _____.”)

Reduce anger. Often we’re so angry that we can’t resolve the problem until we cool down. Ask yourself, “What can I do to reduce my anger?” Take a walk or a 20-minute run, a cold shower or bath, listen to relaxing music, do stretching exercises, call a friend, split wood, or sit in the shade and unwind.

Reward. Reward yourself by saying, “I did a good job and I’m going to _____.” You’ve controlled your anger and maintained a bond with a family member, friend or other fellow human being. To continue this new behavior, reward yourself, go to lunch, see a movie, buy something special, or spend time with a friend. By controlling anger and thinking about effective solutions, we increase our chances of finding healthy solutions to our problems.

Are Anger and Hostility Harmful or Helpful?

While research on the effect of hostility and health is relatively new, there is growing evidence that habitual hostility is associated with increased risk of suffering a heart attack and increased risk of dying from other causes. Some researchers find that people who remain angry and hostile much of the time also have less physical activity, less self-care (e.g., adequate sleep and dental hygiene), more smoking, more alcohol consumption, and more frequent drinking and driving episodes. Ironically, sometimes anger hurts the angry person most.

In a 25-year study of physicians and attorneys, researchers found a relationship between hostility and heart problems. High hostility physicians were four to five times as likely to develop coronaries than low hostility ones. Of those with high hostility scores at age 25, 14 percent of physicians and 20 percent of attorneys were dead by age 50. Of those with low hostility scores at age 25, only 2 percent of physicians and 4 percent of attorneys were dead by age 50.

Each of us can help reduce violence by changing our thoughts of fear, anger, hostility, and possibly rage, to optimism, gratitude and tolerance. We can change our feelings that we or our families are victims. We can practice for 30 days managing our anger and negotiating our differences for mutually beneficial outcomes. As we practice expecting better solutions, we look for more options and create alternatives to violence in our communities and our lives.

References

- Barefoot, J.C. (1992). Developments in the measurement of hostility. In H.S. Friedman (Ed.). *Hostility coping and health* (pp. 13-31). Washington: American Psychological Association.
- Burns, D.D. (1980). *Feeling good: The new mood therapy*. New York: Signet.
- Hawkins, J.D., Catalano, R.F., Brown, E.O., Vadasy, P.F., Roberts, C., Fitzmahan, D., Starkman, N., & Ransdell, M. (1988). *Preparing for the drug (free) years: A family activity book*. Seattle: Comprehensive Health Education Foundation.
- Hilgard, E.R. (1980). The trilogy of mind: Cognition, affection and conation. *Journal of the History of the Behavioral Sciences*, 16, 107-117.
- One crime injury costs \$41,000. (1994, January 18). *Coloradoan*, p. A1.
- Scherwitz, L., & Rugulies, R. (1992). Life-style and hostility. In H. S. Friedman (Ed.). *Hostility coping and health* (pp. 77-98). Washington: American Psychological Association.
- Siegel, B.S. (1986). *Love, medicine and miracles*. New York: Harper and Row.
- Smith, T.W., & Christensen, A.J. (1992). Hostility, health, and social contexts. In H.S. Friedman, (Ed.). *Hostility coping and health*. (pp. 33-48). Washington: American Psychological Association.
- Suarez, E.C., & Williams, R.B., Jr. (1989). Situational determinants of cardiovascular and emotional reactivity in high and low hostile men. *Psychosomatic Medicine*, 51, 404-418.
- Williams, R.B. (1993). Hostility and the heart. In D. Goleman and J. Gurin (Eds.), *Mind/body medicine* (pp. 65-83). Yonkers, N.Y.: Consumers Union.

Acknowledgements

Appreciation is extended to the following reviewers: Patricia A. Johnson, Colorado State University Extension human development and family studies specialist; Toni S. Zimmerman, professor, human development and family studies; and Ben Silliman, North Carolina State University youth specialist.

Colorado State University, U.S. Department of Agriculture and Colorado counties cooperating. CSU Extension programs are available to all without discrimination. No endorsement of products mentioned is intended nor is criticism implied of products not mentioned.