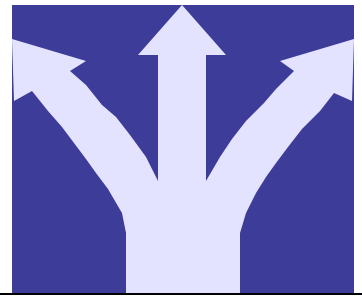


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The Anger Depression Connection- Part II

In the last issue of the newsletter we discussed the association between anger and depression. We shared the comments of an author of a recent study at Yonsei University in South Korea who concluded:

“Depression is closely associated with anger or hostility. In particular, depressive disorder patients tend to express anger verbally and physically.”

While additional research is needed to explore in more detail the relationship of anger and aggression, this issue of the newsletter will focus on how to best approach working with individuals who are experiencing anger problems and depressive symptoms.

Interventions that consider the anger-depression connection must address three issues—the appropriate psychotherapeutic approach, the use of medication and the environment of the individual.

Cognitive-Behavioral Approach

Individuals who have immediate concerns about managing their anger would likely do best with a cognitive-behavioral approach. That is, clients with anger control problems are often likely to exaggerate negative situations. Individuals need assistance with replacing patterns of thinking distortions with more reasonable and precise perceptions. In addition, individuals with anger problems frequently have few strategies to deal with feelings of anger so he or she needs to be introduced to skills that can be used in anger-inducing situations. Another related element of a cognitive-behavioral approach is helping the person with managing physiological arousal. It is important for persons to learn how to lower bodily tension that is generated by an event that leads to feelings of anger such as deep breathing, calming guided imagery and progressive muscle relaxation.

By feeling more physiologically calm, a person can focus on using other interventions.

Addressing Shame

As a person feels more comfortable about how they are dealing with his or her anger and have decreased episodes of aggression, it may be appropriate to start exploring long-term underlying issues such as a personal history of trauma that may be the source for an ongoing state of anger. Further, as psychologist Steven Krugman has written with regard to the treatment of men, shame plays a significant role in men's lives.⁽¹⁾ As Dr. Krugman defines it, shame is “the affect of the exposed self.” He goes on to say that it is “an emotion signaling that we are vulnerable, exposed, different and not in control.” Often, a person's expression of rage—an extreme form of anger—is shame-based. A purpose of treatment as Dr. Krugman points out is to help the individual gain “recognition and acceptance for his vulnerable states of feeling.”

Use of Medication

Another aspect of intervention for the anger-depression connection is the use of medication. With regard to “anger attacks” which was addressed in the last issue of the newsletter, the SSRIs (Prozac, Zoloft, etc) were effective in decreasing anger attacks. Anecdotally, I have observed in some cases of individuals that I am working with that once an individual begins to take an anti-depressant medication, they experience a decrease in their level of irritability.

Systems Issues

The final aspect of an intervention is to address the environmental or systems issues that may be involved. Obviously, a person becomes angry and depressed in a context so one wants to see if changes are possible within the person's environment. Perhaps, couples and/or family therapy may be helpful. It is important to engage a person's

other supports to re-enforce and sustain the changes that the person is trying to achieve. If a person lacks adequate supports then the anger control problems and the symptoms of depression will be harder to manage.

While the anger-depression connection can be a challenging problem to treat, there has been greater attention to this issue in recent years so that a better understanding of what is needed to impact on change has been achieved.

(1– Steven Krugman, “ Men’s Shame and Trauma in Therapy,” in New Psychotherapy for Men, editors, William Pollack and Ronald Levant, New York, John Wiley & Sons, 1998)

Impact of Past Experiences

While the anger management program at Outlook Associates of New England takes a generally cognitive-behavioral approach to address anger control problems, we do ask individuals to consider how their thoughts, feelings and behaviors were shaped by past experiences and effect the choices and responses that they make at the present time. We indicate that information about thoughts, feelings and behaviors are learned in two major ways:

- **Role Modeling**– Observing how the important people in an individual’s life act in a certain way in response to others and learn that their response is an appropriate way to think, feel and/or behave. For example, a person may observe his/her father intimidate their mother to get what he wants so the child may learn that being intimidating can be effective.
- **Verbal Communication**– What a person is told about himself or herself in childhood shapes one’s thinking, feeling and behaviors in the present. For example, a child may come home crying because a teacher may have harshly criticized him or her. This person may be told by their parent to stop crying because it shows weakness. The child learns that certain feelings are invalid.

We explain that family patterns of communication of feelings are generally passed on unconsciously. That is– the important people in their lives passed on what they may have learned as children and did not have insight or understanding of how the pattern of communication may have been harmful. We stress the person now has the potential to stop the cycle.

Mental Abuse More Widespread than Physical Bullying

According to a survey conducted by the Families and Work Institute in New York City, two-thirds of the 1,000 students surveyed in grades 5 through 12 said they had been teased or gossiped about in the past month.

In addition, 23 percent said that they had bullied someone in the past month, while 12 percent said that they had been bullied five times or more in the same time period.

The study also found that emotional abuse could turn violent, with 8 percent of the students surveyed said that they had been attacked with a weapon, and 8 percent saying they were forced to perform sexual acts.

Taken from JOIN TOGETHER Online, July 31, 2002

Outlook Associates Updates and News

- ◆ John Didio and Joe Pereira presented “A Perspective on Treatment of Anger Control Problems” on Friday, March 21, 2003 from 9am to 1pm for the **Massachusetts School of Professional Psychology Continuing Professional Education Program** in Dedham, MA.
- ◆ John Didio and Joe Pereira will be presenting “Changing the Cycle of Anger, A Model for Treating Anger Control Problems” on Friday, May 2, 2003 from 9am to 4:30pm for **the National Association of Social Workers (NASW) Spring CE Programs** in Dedham, MA.
- ◆ Outlook Associates of New England was featured in an article in the **Metrowest Daily News, Business Monday** section on January, 2003. John Didio was interviewed about the dynamics of workplace anger.
- ◆ Outlook Associates of New England was also featured in an article for **The Arlington Advocate** on January 16, 2003. John Didio and Joe Pereira were interviewed about the anger management program that they offer.
- ◆ Our website **www.outlookassociates.com** now has directions to our offices in Arlington and also includes updated information about our anger management program.