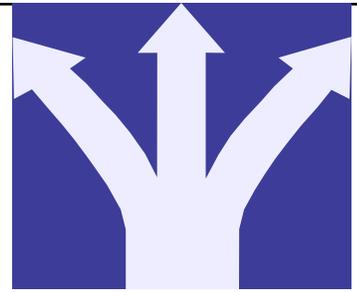


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Anger and Anxiety

Anxiety and anger are two strong emotions that can feel unpleasant, overwhelming, even all-consuming. They overlap and join in many of our reactions and share a number of characteristics. As with all emotions, both are necessary and serve a purpose. Anger is a sign of warning, prompting a reaction of warding off or self-protection. Without anger, we might not react in a manner to preserve our safety or self-worth. Anger moves us to flee from an unsafe or disturbing situation and stick up for ourselves during an argument. Similarly, without anxiety, we might not motivate ourselves to initiate or accomplish anything, or be wary of people or events that pose a challenge or threat. Anger is also defensive, a way to prove strength in the presence of emotions, such as anxiety, that cause people to feel vulnerable or frightened, as if the feelings are themselves a threat.

Association between Anger and Anxiety

Suppressed anger can be an underlying cause of both anxiety and depression. Not expressing anger appropriately can lead to maladaptive communication skills, cognitive distortions, disruptive behavior and relationship dynamics. Chronic unexpressed anger is a factor for high blood pressure, heart disease, headaches, skin problems and digestive issues. Chronic anxiety has similar effects on the body.

Anger and anxiety both exist on a continuum, with passivity and inaction on one end, aggression and overload on the other. They have certain similar physical signs that occur: increased blood pressure and heart rate, flushed skin, disorganized and distorted thinking, sweating, increased muscle tension. It can be difficult to distinguish between the two and the two can be intertwined in a reaction to an emotional event and trigger. Fortunately, coping strategies also overlap and can assist in the management of both.

Anger is understood as a factor in many mental health diagnoses, including mood disorders, impulse control

disorders, certain personality disorders, and several anxiety disorders (post-traumatic stress disorder, social phobia, generalized anxiety disorder)

People with PTSD have more trouble coping with anger and elevated measures of anger exist in combat-related PTSD (Gardner, et al., 2008). Generalized social phobia involves fear and avoidance, specifically of social situations. Generalized anxiety disorder involves intrusive worry about diverse circumstances. As part of social phobia, anger can emerge as a maladaptive coping mechanism. Resentment of others' social skills can build to anger and even rage, fueling a cycle of avoidance and isolation. Generalized anxiety disorder includes irritability as a symptom. Feelings of fear and powerlessness can lead to anger as a means of defense, resulting in attitudes and behaviors far from appropriate (Blair, K, et al., 2008).

Managing anger and anxiety include: cognitive-behavioral strategies; distress tolerance and emotion regulation skills (how to calm and sooth in order to think about how to cope rather than react); relaxation and meditation for development of resilience and mindfulness; anger and anxiety logs to track patterns, frequency, intensity, benefits, consequences and triggers; learning to rationally assess the situation, instead of reacting right away out of pure emotion.

Specific strategies:

(Adapted from WebMD's Panic and Anxiety Disorders' Handbook):

- When you first feel anger or anxiety, try using positive self-talk ("I can handle this situation calmly"), or putting a stop to your angry/anxious thoughts (taking a mini-vacation by thinking about an enjoyable experience).
- Breathe deeply from your diaphragm. Slowly repeat a calm word or phrase such as "relax" or "take it easy." Repeat it to yourself while breathing deeply until the anger/anxiety subsides.

(continued)

- Seek out the support of others. Talk through your feelings and try to work on changing your behaviors.
- Learn how to laugh at yourself and see humor in situations.
- Practice good listening skills. Listening can help improve communication and can facilitate trusting feelings between people. This trust can help you deal with potentially hostile emotions or heightened anxiety.

References

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Gardner, FL and Moore, ZE. *Understanding Clinical Anger and Violence: The Anger Avoidance Model. Behavior Modification*. 2008; *32*: 897-912.

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(The article was done with the research/writing assistance of Alice Miele, LICSW)

FROM THE FILES:

Harsh Parenting, Early Childhood Aggression, Linked to Victimization

Toddlers who display aggressive behavior, especially if their mothers use harsh parenting techniques and struggles financially, are at increased risk of being victimized according to a study was published in the October 2008 issue of the *Archives of General Psychiatry*.

Study participants were from the Quebec Longitudinal Study of Child Development, a sample of children born in Quebec between October 1997 and July 1998. Researchers assessed children at several stages between the ages of 4.5 months and 7.2 years.

Mothers provided information on parenting styles, physical aggression, and signs of hyperactivity. To assess levels of victimization, they were asked how often their child had been made fun of, hit or pushed

or called names by other children in the previous 6 months.

To assess the degree of harsh parenting, mothers reported how often they were angry at, raised their voice at, shouted at, and spanked their child. At age 7.2 years, both teachers and children reported on victimization by classmates. The study included 1970 children.

The study found that 3 risk variables-harsh parenting, low family income and physical aggression differentiated those children who were prone to be victimized from the group that was less likely to be victimized.

The relationship between harsh parenting and early childhood aggression can be a vicious cycle-harsh parenting may cause as well as be a result of a child's aggression. "A parent may intervene [when a child behaves badly], but inappropriately; instead of calming the child, the parent might reinforce the negative behavior," according to the study author, Michel Boivin, PhD from Laval University in Quebec City, Quebec.

Low income, which is often associated with single-parent households, can also have an impact. Dr. Boivin said "If you have 1 kid who is more difficult than another, and if you have the pressures of being alone, it's more difficult to properly discipline your child."

Parents can and should take steps to reduce aggressive behaviors to minimize their child's risk of being victimized. Dr. Boivin also pointed out, "Parents should try to implement consistent behavior toward their child and not be overly punitive."

Medscape Medical News 2008

Genes May Make Some Drinkers More Prone to Violence

Research that was published in the December 2008 journal *Alcoholism: Clinical and Experimental Research* suggests that individuals with a particular gene may be more likely to become violent when consuming alcohol.

Researchers studied alcoholic male offenders with known histories of violence and found that those born with highly active versions of the MAOA gene were at increased risk of impulsive violence when drinking.

The MAOA gene produces an enzyme that breaks down brain chemicals related to moods, and high levels of the enzyme can be dangerous when alcohol is present in the system.

Join Together, December 19, 2008