## The Impact of Oppression on Anger

Prejudice, and oppression deeply affect people. Research has focused on discrimination based on gender, race and ethnicity, less so on socioeconomic status, sexual orientation, age, degrees of disability and religious affiliation. Differences exist for each type of discrimination but fundamental dynamics and consequences are similar. People who are members of multiple groups face further complexities.

### Impacts of Oppression
Hanna et al. (2000) define oppression as: "an unjust, harsh, or cruel exercise of power over another or others… To be oppressive, it must also threaten or ruin a person's mental or physical health, well-being, or coping ability." Hanna describes the dominant behaviors and thinking in the United States as Caucasian and Eurocentric, which do not reflect the gender, racial, ethnic and cultural diversity of our society.  Systemic oppression refers to the institutionalization of discrimination into social policy, education, media, legal system, etc. The interplay of these factors creates a host of attitudes and behaviors: tension, bigotry, hatred, aggression, anger, violence and war.  Clearly, not all individuals within a group are discriminatory or hostile. Both people who are in the dominant group and in non-dominant groups suffer as false notions are assumed and perpetuated.

Oppression is related to privilege, defined as benefits, advantages and power solely based on membership in a group, not based on accomplishment or fundamental equality (Dermer, et al., 2010). The assumption of superiority often leads to resentment and aggression toward less privileged individuals.  In return, those less privileged may react with hostility and anger. This spiral of action and reaction matches the cycle of anger; anger flows between both groups, initiated by distorted thinking about superiority and inferiority. Bullying is a recently acknowledged consequence of hostility that highlights the process of dehumanization of people considered strange and inferior.

Confusion or misunderstanding between people of different cultures is not necessarily based on prejudice rather it can come simply from ignorance of how other people live.

### Anger Internalized
Stress of discrimination and fear of harm can lead to physical and psychiatric illnesses. Steffen, et al. (2003) found that perceived racism, in a group of African-American men and women, produced increases in blood pressure. This may help to explain higher rates of heart disease in African-Americans. 94% of people reported a lifetime experience of racism; more than 40% reported experiences of racism several times a week. Anger inhibition (anger directed within) was also related to an increase in blood pressure. One conclusion is that harmful health impacts may be caused by hurtful personal interactions and judgments about low self-worth.

### Strategies
Use of the anger management technique of thought analysis, to assess response options before taking action, can prevent impulsivity and conflict. Self-preservation kicks in when a threat is perceived (this occurs for dominant and non-dominant group members). Some threats are reality-based. Some are misinterpretations of others' behavior. These inaccuracies may snowball from misunderstanding to hostility if false assumptions are not examined and if objective and clear communication is not used. Another antidote to aggression is empowerment: low-status groups of people obtain more powerful access to  resources and decision-making in society, and dominant groups give up and share their power and control (Dermer, et al., 2010) for a more equitable society.

Considering one's own culture can identify areas of knowledge and ignorance. Black and Stone (2005) suggest a personal examination of the effect of privilege and oppression alongside an exploration of our own cultural beliefs, assumptions and

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expectations.  Respectful curiosity about others results in increased knowledge and comfort in the presence of all kinds of people. Exposure to other cultures opens up a new world of interests and activities. Simple steps to take to make a difference:

- Take a language class.
- Ask friends about their own cultures.
- Watch recommended movies.
- Read novels or non-fiction books about other cultures.
- Search for festivals, restaurants, cultural gatherings in your community.
- Read news and entertainment publications and websites from other countries and communities.
- Advocate for social change.
- Attend workshops or lectures on cultural diversity.

*References:*

Black, LL., Stone, D. "Expanding the Definition of Privilege: The Concept of Social Privilege," *Journal of Multicultural Counseling and Development,* Vol.33, 2005.

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Steffen, P.R., McNeilly, M., Anderson, N., Sherwood, A., "Effects of  Perceived Racism and Anger Inhibition on Ambulatory Blood Pressure on African Americans," *Psychosomatic Medicine*, Vol 65, 2003.

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

## FROM THE FILES:
### Chronic Sleep Problems Linked to Increased Risk for Suicidal Behavior

A large population-based study shows that individuals with sleep problems are almost 3 times more likely to report a suicide attempt than those without insomnia complaints.  In addition, difficulty initiating or maintaining sleep as well as early morning wakening were all significantly associated with suicidal thoughts, plans and attempts.

According to the principal investigator of the study, Marcin Wojnar, MD, PhD, a research fellow at the University of Michigan, Ann Arbor and associate professor of psychiatry at the Medical University in Warsaw, Poland, "Our study suggests individuals with sleep disturbance are at heightened risk even in the absence of a psychiatric condition.  These data also suggest that insomnia may be an important modifiable risk factor for suicide in the general population."

Using data from the National Comorbidity Survey-Replications study (NCS-R), a national sample representative of the US population, the investigators examined the relationship over 1 year between 3 characteristics of insomnia (early morning awakening, difficulty initiating sleep, and difficulty maintaining sleep) and 3 suicidal behaviors (suicidal ideation, planning and attempts) in 5692 subjects.  Approximately 35% of those studied reported experiencing at least 1 type of sleep disturbance.

The study was published in the February, 2009 issue of the *Journal of Psychiatric Research* (Wojnar, M. et al *J. Psychiatric Res. 2009, 43:526-531*)

*Medscape Medical News, April 2009*

### RPQ Questionnaire

As part of my work in helping individuals with anger, I have helped to develop a questionnaire with a friend and psychologist, Anthony Giuliano, PhD, that looks at the characteristics of chronic anger and whether a person may be predisposed to experiencing anger that is habitual.  I am asking people who are interested to go to my website: www.outlookassociates.com.  One can then click on my anger management page and scroll down to the RPQ Questionnaire and click on the title.  It will then bring one to a link with the questionnaire.  It takes less than 10 minutes to complete and all responses are confidential and anonymous. The responses will help  me to determine whether I am asking the right questions about chronic anger.

### Quote
Anyone can become angry -that is easy.  But to be angry with the right person, to the right degree, at the right time, for the right purpose and in the right way-that is not easy.

*Aristotle*