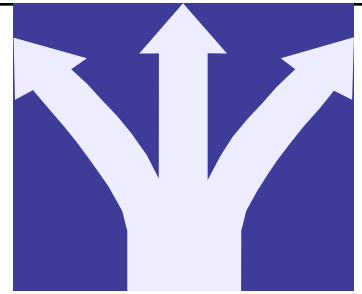


# OUTLOOK ASSOCIATES of New England

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## Anger Disorder Diagnosis?

The recent publication of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and the controversy surrounding the relevance and validity of the different categories of diagnoses would suggest that it may not be the appropriate time to consider other types of mental disorders. However, given the impact of anger problems among individuals in our society, it may be worthwhile to reflect on the benefits of developing a diagnosis for individuals with anger control problems.

In the last edition of the Outlook Associates newsletter, I looked at Intermittent Explosive Disorder which was the one diagnosis in the DSM-IV that had some connection to the problematic expression of anger. A case could be made that anger similarly to depression and anxiety can be experienced in such a way as to recommend a clinical diagnosis. This diagnosis would include how anger could be felt as well as how it could be expressed in an unhealthy manner.

When determining how anger can be detrimental for an individual, there is a quote attributed to Confucius who said, “*an angry person is full of poison.*” In general there are three aspects when one thinks about anger that can contribute to it being harmful: **frequency**, **intensity** and **duration**.

The *frequency* of one’s anger refers to how common it is for a person to feel angry on a daily basis. Likely, the more numerous times one feels angry will contribute to a negative experience of anger and lead to more conflict. The *intensity* of one’s anger is based on the degree of anger that one feels in the moment. The higher the “temperature” of the anger the more difficult it is for the person to contain the feeling of the anger fueled by the physiological arousal that has occurred. The *duration* of one’s anger concerns the length of time someone may be angry about the same event or events. For instance, if one is still angry about a situation that occurred several days earlier then the person does not have an opportunity to calm down

which then can allow other events that cause a person to be angry to build on the already existing anger. A person can have a problem with one of these dimensions of anger or can have a problem with all three.

### Criteria for an Anger Disorder

Raymond DiGiuseppe and Raymond Chip Tafrate in their book *Understanding Anger Disorders*, propose a clinical disorder for anger ; *Anger Regulation-Expression Disorder (ARED)*. Individuals would meet the criteria in two ways. The first way would be through subjective experiences of anger and the second way is through negative expressive patterns associated with anger.

DiGiuseppe and Tafrate categorized the subjective experience as follows:

- *Significant anger affect as indicated by frequent, intense or enduring anger episodes that have persisted for at least six months.*

Among the characteristics that were included:

- ◆ Physical activation (eg– increased heart rate, rapid breathing, muscle tension, headaches);
- ◆ Rumination that interferes with concentration, task performance, problem-solving, or decision-making;
- ◆ Ineffective communication;
- ◆ Subjective distress (eg-anger experiences perceived as negative, additional negative feelings such as guilt, shame, or regret following an anger episode)

The second dimension of the anger disorder was described as:

- *A marked pattern of aggressive/expressive disorders associated with anger episodes. Expressive*

(Continued)

patterns are out of proportion to the triggering event. However, anger expressions need not be frequent, of high intensity or of long duration.

They make a distinction between direct aggression/expression patterns and indirect aggression/expression patterns.

Direct aggression/expression patterns include:

- ◆ Aversive verbalizations (eg– yelling, screaming, criticizing, insulting);
- ◆ Physical aggression towards people (eg– pushing, shoving, hitting, kicking, throwing objects);
- ◆ Destruction of property

Indirect aggression/expression patterns include:

- ◆ Intentionally failing to meet obligations or live up to others' expectations;
- ◆ Disrupting or negatively influencing others' social network (eg– spreading rumors, gossiping, defamation).

According to DiGiuseppe and Tafrate an Anger Regulation-Expression Disorder (ARED) would allow for finer discrimination to address the different problems individuals experience with his/her anger. They suggest the ARED is a starting point for further research.

Reference:

DiGiuseppe, Raymond and Tafrate, Raymond Chip, Understanding Anger Disorders, Oxford University Press, 2007.

**FROM THE FILES:**

**Stress and Alcohol Feed Each Other**

Acute stress is thought to precipitate alcohol drinking. Yet the ways that acute stress can increase alcohol consumption is unclear. A recent study investigated whether different phases of response to an acute stressor can alter the subjective effects of alcohol.

Study subjects comprised 25 healthy men who participated in two sessions, one where they performed a stressful public speaking task and one with a non-stressful control task.

After each task, participants received intravenously administered infusions containing alcohol (the

equivalent of two standard drinks) and placebo. One group of participants received alcohol within one minute of completing the tasks, followed by placebo 30 minutes later. The other group received the placebo infusion first followed by the alcohol. Researchers measured subjective effects such as anxiety, stimulation and desire for more alcohol, as well as physiological measures such as heart rate, blood pressure and salivary cortisol before and after repeated intervals after the tasks and infusions.

According to Emma Childs research associate at the University of Chicago and corresponding author of the study, "...We showed that alcohol decreases the hormonal response to the stress, but also extends the negative subjective experience of the event. We also showed that stress decreased the pleasant effects of the alcohol." She noted that using alcohol to cope with stress may actually make a person's response to stress worse, and prolong recovery from a stressor.

The results of the study were published in the October 2011 issue of *Alcoholism: Clinical and Experimental Research*.

*ATTC Network, October 2011*

**Kids of Depressed Parents Have More Behavior Problems**

Youngsters with depressed fathers are more likely than other kids to have emotional and behavioral problems.

Study authors including Dr. Michael Weitzmann at the New York University School of Medicine used data from a national study that included home interviews with 21,993 families, all of which had a child between the ages of 5 to 17 and both a mother and father living at home.

11% of kids with a depressed father had problems at home or at school. Among children with depressed mothers the number grew to 19% and with two depressed parents as many as 25% of children struggled emotionally and behaviorally.

*Medscape Medical News, November 14, 2011*

**Self Help CD for Anger Control Problems Now Available**

This one hour CD offers specific strategies that can be used immediately to start changing how one thinks about and responds to anger.

You can now download the CD through my website [www.outlookassociates.com](http://www.outlookassociates.com). The cost of the CD to download is \$19.95.