

# *The Rational Management of Anger*

*A cognitive-behavioural approach to helping people manage hostility and rage*

*by Wayne Froggatt*

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Anger is possibly the most difficult emotion for human beings to change. Cognitive-behaviour therapy (CBT), which focuses on the underlying belief system that creates dysfunctional emotions and behaviours, is able to help people move from hostile, destructive rage to a more constructive type of anger – and maintain their change in the long term. The procedures outlined in this article use strategies developed by key CBT theorists Albert Ellis (Rational Emotive Behaviour Therapy), Aaron Beck (Cognitive Therapy) and Raymond Novaco (a specialist in the application of CBT to problem anger).

Anger is not in itself a problematical emotion. In fact, anger has value when it serves as a motivator to seek change to circumstances we dislike. But it sometimes gets out of hand. It may take over a person's reasoning faculties, leading to rage, hostility and destructive behaviour.

Anger results from a combination of factors: biological, situational and psychological. Change in any of these areas can be used to reduce problematical anger, but the most useful focus of change seems to be the psychological area – in particular, modification of the thinking that creates specific episodes of anger.

## **What causes hostile anger?**

Frustration is a normal reaction to unwanted events and circumstances, and will result when a person fails to get something they want or gets something they don't want. Probably all human beings are subject to frustration every day of their lives; and, mostly, people take it in their stride. Hostile anger, though, is what happens when a person fails to get what they think they *need* or *must* or *should* have. Such anger is an emotional response to a frustrated *demand* (as opposed to a frustrated *preference*).

If you ask someone with an anger problem what causes their rage, they will usually have a simple answer: 'other people cause my emotional upsets'. But this raises two questions. How can an *external* event create an *internal* reaction? And why is it that one person can be disappointed but calm in the face of a circumstance to which another reacts with rage? In reality, events and circumstances alone do not cause anger. Anger results from how people *view* what happens to them (Ellis, 1977; Novaco, 1975). Dysfunctional anger typically arises from one's *interpretations* ('inferences') of what is happening and the self-defeating *evaluations* that follow.

### ***Inferential distortions***

Human beings are constantly interpreting, or 'inferring' what is going on around them. According to Beck's 'Cognitive Therapy', there are certain ways of inferring that result in distorted, inaccurate views of reality (Burns, 1980). Here are the most common ones:

- *Mind-reading*: believing that you know what is going on in another person's mind; for example, thinking that someone is viewing you in a negative way.
- *Fortune-telling*: believing your own predictions of the future, e.g. 'If I don't get my partner under control then he/she might leave me'.
- *Overgeneralisation*: building up something so that it becomes bigger than it really is, e.g. 'Everything is going wrong in my life'.

- *Filtering*: seeing only the negatives ‘there’s nothing good about my life/this situation/this person/etc.’
- *Emotional reasoning*: believing that your emotions prove something about reality, e.g. ‘I know that he/she has done something wrong – otherwise I wouldn’t be angry!’

### **Self-defeating evaluations**

According to Ellis’ ‘Rational Emotive Behaviour Therapy’ (Ellis, 1962), misinterpretations alone are unlikely to cause any emotional response. The real cause is the *evaluations* that follow from our inferences, where we consciously or subconsciously rate or evaluate those inferences. According to Ellis, there are four ways that human beings typically evaluate their experiences that create emotional disturbance and dysfunctional behaviour:

- *Demandingness*. Probably the main cause of hostile anger is expectations that are held as *demands*. Demandingness comes in two flavours: (1) *moralising* about how people ‘should’ or ‘should not’ behave; and (2) *musturbation*: believing that the world or one’s circumstances ‘have’ to or ‘need’ to be a certain way.
- Demands directed outward typically lead to *low-frustration tolerance* or *discomfort-intolerance*, known colloquially as ‘cant-stand-it-it-is’ - viewing events and circumstances as ‘unbearable’, ‘intolerable’ or ‘un-stand-able’.
- *Awfulising* refers to the way that people sometimes view an event or circumstance as the worst that could happen. Anger frequently results from anxiety, and violence often represents an attempt to ward off perceived threats. REBT suggests that such threats may be of two types (1) perceived threats to well-being (discomfort anxiety); and perceived threats to self-image (ego anxiety).
- *People rating* refers to the practice of globally evaluating people, for example labelling a person as a ‘bitch’, ‘bastard’, or in some other all-encompassing way that makes it easier to be angry with them.

Traditionally in REBT, demandingness is seen as the key type of evaluative thinking, with the other three types deriving from it. For example, we only think something is ‘awful’ or ‘unbearable’ because we demand that it not happen; or we evaluate ourselves as ‘failures’ only because we demand that we always succeed and never fail at anything important.

### **Core beliefs**

Both Ellis and Beck agree that underlying our surface thinking or ‘automatic thoughts’ are a set of assumptions and rules about the world – ‘core beliefs’ that have their origin in childhood learning and are almost always held subconsciously. The inferences we draw and how we evaluate them are determined by our particular underlying beliefs. Here are some typical core beliefs that tend to be associated with anger:

1. Others must never do anything to devalue me.
2. I should be able to have the things I want, and live my life as I choose.
3. Other people must never behave in ways that frustrate or deprive me, or upset the stability of my existence.
4. The only way to get people to change their behaviour is to get angry with them.
5. People should always behave in a correct and right fashion.
6. People who behave badly are bad people - and they deserve blame and punishment.
7. To be a real, genuine human being you must always let your feelings show.
8. Anger is evil and destructive.

To illustrate how these underlying core beliefs determine what one thinks in specific situations, take belief number three. Holding this belief would make a person hypersensitive to anything that might be a threat to their comfort or stability, and thus more likely to (1) *misinterpret* the behaviour of others and (2) *evaluate* it as ‘awful’ or ‘unbearable’.

### **The ABC model**

The role of cognitions in creating anger can be illustrated with the ‘ABC’ model developed by Albert Ellis. Here is an example:

<b>A</b>	<b>Activating event</b> (experience, event or situation that started things off): Children playing noisily, could not hear television programme.
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<b>B</b>	<p><b>Beliefs</b> (self-talk that led from ‘A’ to ‘C’):</p> <p><i>Underlying core beliefs:</i></p> <ol style="list-style-type: none"> <li>1. I can’t stand to feel frustrated.</li> <li>9. Others should never do things that frustrate or upset me, and when they do, I must get them under control.</li> </ol> <p><i>Thoughts specific to the situation (but arising out of the core beliefs):</i></p> <ol style="list-style-type: none"> <li>10. I can’t stand their noise.</li> <li>11. They shouldn’t be so noisy when I am trying to relax.</li> <li>12. I have to make them behave.</li> </ol>
<b>C</b>	<p><b>Consequence</b> (reaction to the ‘A’):</p> <p><i>Physiological signs:</i> Got very tense.</p> <p><i>Emotions:</i> Felt angry.</p> <p><i>Behaviours:</i> Went into lounge, shouted at children and called them abusive names.</p>

### ***Other causal factors***

Although anger results primarily from thinking processes, *physiological causes* (such as tension, agitation, or ill-humour) can exacerbate the emotion, along with *behavioural deficits* (like unassertiveness and poor problem-solving methods). An effective approach to anger management will take all factors into account.

## **Summary of the treatment procedure**

The overall aim of treatment is to help the client replace hostile dysfunctional anger (directed at people) with moderate, functional anger (directed at solving problems). Treatment involves raising frustration-tolerance through developing the client’s cognitive, physiological, and behavioural coping skills; then providing for the practice of these skills with exposure to regulated doses of stressors that challenge but do not overwhelm the client’s coping abilities.

### ***Three treatment phases***

Treatment typically progresses as follows (though not necessarily in a rigid or linear sequence):

13. Assessment.
14. Introduce the client to new ways of viewing anger.
15. Teach coping techniques: cognitive strategies, controlling physiological symptoms, social skills.
16. Facilitate practice of skills via graduated exposure.

## **Assessment**

Start by helping the client (1) identify their motivations for change; (2) identify their personal anger patterns (their internal signs of anger and the external triggers) so they will be able to recognise anger at an early stage before it gets out of hand; and (3) identify the functions that anger may serve for them so they can deal with any factors that may hinder change.

### ***Assess motivation for change***

Does the client really want to modify their anger? Do they see their anger as inappropriate? If they don’t view the problem as internal and believe that they need to change, then the procedures that follow will not work. It will be necessary to help the client see (1) that their anger is not in their interests; and (2) that the cause of their anger is within themselves, not outside; and (3) that with appropriate training, change is within their power.

Even when the client is willing to change, it will still be useful to ask them to articulate why. Get them to list their reasons. This information will give them something to fall back on when the process of change becomes uncomfortable and they are tempted to give up.

### ***Assess historical causes***

It is sometimes useful to help the client understand where their learning may have come from. Questions like the following will facilitate this exploration:

- ‘How did your father / mother / siblings behave, and how did you know they were angry? Was there any violence or verbal/passive aggression?’
- ‘What messages did you get from your parents about the expression of anger - OK or not OK? How did you know it was OK or not OK?’

Don’t, though, fall into the trap of spending too much time on the client’s past – the focus of attention needs to be on the factors that *currently* cause their anger:

### Assess current causal factors

Help the client identify the *activating events* that trigger their angry episodes, and the *consequences* (their physical, emotional and behavioural reactions). The purpose is for the client to learn to recognise these signs early in an angry episode. Have them keep a diary of A’s & C’s for a few weeks (if they cannot do this, they might either have a family member assist with the diary; or they could simply observe these factors and report them verbally at the next interview). Here is an example of an A-C diary:

A Activating event	C Consequence
Children playing noisily, couldn't hear TV programme	Got tense. Felt angry. Shouted at them and abused them.
Partner arguing about money.	Mad 7/10. Stormed off in car.

When they have got used to recording their ‘A’s and ‘C’s, get them to extend the diary to include the ‘B’s – the thoughts that create their reactions, like the following:

A Activating event	B Beliefs / Thoughts	C Consequence
Children playing noisily, couldn't hear TV programme	I can't stand their noise.. They shouldn't be so noisy when I'm trying to relax. I have to make them behave.	Got tense. Felt angry. Shouted at them and abused them.
Partner arguing about money.	She shouldn't tell me what to do. She's a demanding bitch.	Mad 7/10. Stormed off in car.

To identify the ‘A’s (*Activating events*) – the persons, situations, and states that trigger anger – help the client look for such things as rejection, rule-breaking by others, arguments, alcohol, feelings of anxiety, and perfectionistic behaviour on their part. You could also use the diary information to check out the (perceived) gains for the client from becoming angry (e.g. release of tension or frustration, control of other people, and the like).

To identify the ‘C’s (the physical, emotional and behavioural *consequences* they experience) suggest to the client that they look for:

- *body signals* of tension and arousal: anxiety, muscular tension, stomach-ache, sweating or cold, changes in the depth and speed of breathing, headache, backache, and so on.
- *Behaviours* like getting mean, blaming, sarcasm, forced humour, depression, withdrawing, acting over-nice and trying to please, going quiet, passive-aggressiveness, violence, change in eating or sleeping patterns, etc.

Finally, introduce the client to the most important causal factor: the ‘B’s (*Beliefs*) - the thoughts and attitudes that are activated by the ‘A’s. Help the client see that ‘A’ does not cause ‘C’. Events and circumstances activate thinking, both conscious and subconscious, the thinking then creates the individual’s emotional and behavioural reaction.

## Introduce the client to new views on anger

Help the client see that there is a difference between what one *feels* (the emotion of anger) and what one *does* (the aggressive verbal and physical actions directed at people or property); and that we can *feel* angry without needing to *act* on it.

Explain that anger in itself is not ‘evil’, and that it can be destructive or constructive. Deal with any secondary disturbance about having an anger problem, especially guilt. This will be important for some clients, be-

cause guilt only perpetuates anger. If clients engage in guilty self-downing – ‘I am a rotten, useless bitch/bastard’ – effectively they are convincing themselves that they can’t change.

Explain the causes of anger – cognitive, physiological and behavioural – especially the significance of low frustration tolerance and the role of demandingness.

The purpose here is to help the client see anger in practical terms – that is, in terms of its consequences – rather than view it as a ‘moral’ issue; and accept their *self*, while rejecting their *behaviour*. It is often useful to help the client see anger as having three different forms (Froggatt, 2003a):

1. *Passive* anger is hostility that is expressed indirectly, often by omission rather than commission. Typical behaviours may include going silent, withdrawing, impatience, being late, ‘forgetting’ to do things, or denying sex or physical affection. It can lead to physical illness, relationship difficulties, and failure to seek change.
2. *Aggressive* hostility can create the above problems, but may also lead to violence and risk taking (as, for example, when a person is enraged while driving).
3. *Constructive* anger is very different to the other types. It involves moderate emotions like irritation, annoyance, dissatisfaction, displeasure and disappointment. These are still angry feelings - but will not cause people to lose their heads. Most importantly, constructive anger is directed against unwanted events and circumstances - not against people. It leads to problem-solving rather than people-harming.

## Teach cognitive coping skills

Now it is time to help the client learn how to identify and change the self-defeating beliefs that create and maintain their anger.

### Teach the procedure of self-analysis

Ask the client to extend the ‘A-B-C’ diary they kept earlier to include ‘D’ – disputing self-defeating beliefs, ‘E’ – developing a new emotional and behavioural goal, and ‘F’ – self-help work that they will complete between sessions. (The self-analysis procedure is described in detail in Froggatt, 1997 & 2003a, and there is an example of a completed analysis at the end of this article).

The *daily thought record* is an alternative to the rational self-analysis format that achieves a similar purpose in a more succinct format, and is often useful when the client needs to identify and change irrational thinking on a regular basis:

A Activating event	B Beliefs / thoughts	C Consequence	D Disputation / rational response	E New Effect	F Further action
Children playing noisily, couldn't hear TV	I can't stand their noise. They shouldn't be so noisy when I'm trying to relax. I have to make them behave.	Got tense. Felt angry 8/10. Shouted at them and abused them.	I don't like their noise, but I can stand it (after all, I'm still alive!). I'd prefer them not to be so noisy, but that's how kids are – and there's no 'Law of the Universe' says they should be different. I don't 'have' to make them change – I have a choice.	Felt annoyed but calmer	Practice relaxation. Apologise to kids.
Partner arguing about money.	She shouldn't tell me what to do. She's a demanding bitch.	Mad 7/10. Stormed off in car.	Why shouldn't she have an opinion on how the money is spent. She's not demanding – she's just worried about how we are going to make ends meet.	Felt concerned.	Read rational card. Make a time to talk about the issue.

Whichever approach is used, introduce the procedure by completing examples in the office, perhaps using a whiteboard so the client can copy them to take home. Self-analysis with anger problems will usually involve:

- Challenging demands directed at other people or the world, especially the idea that other people or the world ‘must’ conform to one’s expectations; or the ‘need’ to punish others or control their behaviour;
- Developing the concept of accepting people, even when their behaviour is rejected.
- Increasing frustration-tolerance by challenging catastrophising. One way to do this is with the ‘Catastrophe Scale’ (described shortly).

## The skill of disputation

At the end of this article there is a list of beliefs typically involved with angry reactions, along with rational alternatives. Disputation of self-defeating beliefs takes some skill - most clients (and therapists) need to learn how to do it effectively. Because of its self-righteous nature, clients with problematical anger usually need special help to see how their demands are illogical and self-defeating. Research (Kopeck, Beal & DiGiuseppe, 1994) suggests that effective disputation involves the use of three key strategies:

1. *Pragmatic* disputation - 'How does this belief affect you?' This dispute focuses on how *functional* or *helpful* it is to hold a particular belief. When the client can clearly see that an irrational belief leads to negative emotional and behavioural consequences for them, they will be much more likely to change it.
17. *Empirical* disputation - 'What is the evidence for and against this belief?' The goal of empirical disputation is to help the client see that their belief is inconsistent with reality, and that there is little or no empirical evidence to support it. This involves asking them to examine any evidence that may support or contradict their irrational beliefs.
18. *Logical* disputation - 'How does it follow?' Here you help the client examine whether their belief logically follows from the facts, asking questions like: 'How does it follow that because you would *like* you children to keep quiet that therefore they absolutely *must*?' or 'How does this thing that is *uncomfortable* become something you *can't stand*?'

## Other cognitive strategies

- Assist the client to increase their motivation to change by listing and weighting the advantages and disadvantages of their anger. One way to do this is with the 'Benefits Calculation' (described below).
- Give the client reading (if they have adequate reading skills) to educate them about self-defeating thinking and how it can be changed.
- Help the client develop empathic abilities, using techniques like role-reversal.
- Help the client develop a task-orientated attitude to dealing with problems – that is, changing circumstances (where possible) rather than upsetting themselves.

## Preparing a 'Benefits Calculation'

1. Ask the client to list all the advantages and disadvantages of continuing to behave in the old angry way;
2. Have them do the same with the new replacement behaviour;
3. Then ask the client to decide how much value or benefit each item has to them, negatively or positively, then add up the pro's and con's. A common format is to draw four boxes (alternatively, you can use four separate sheets of paper):

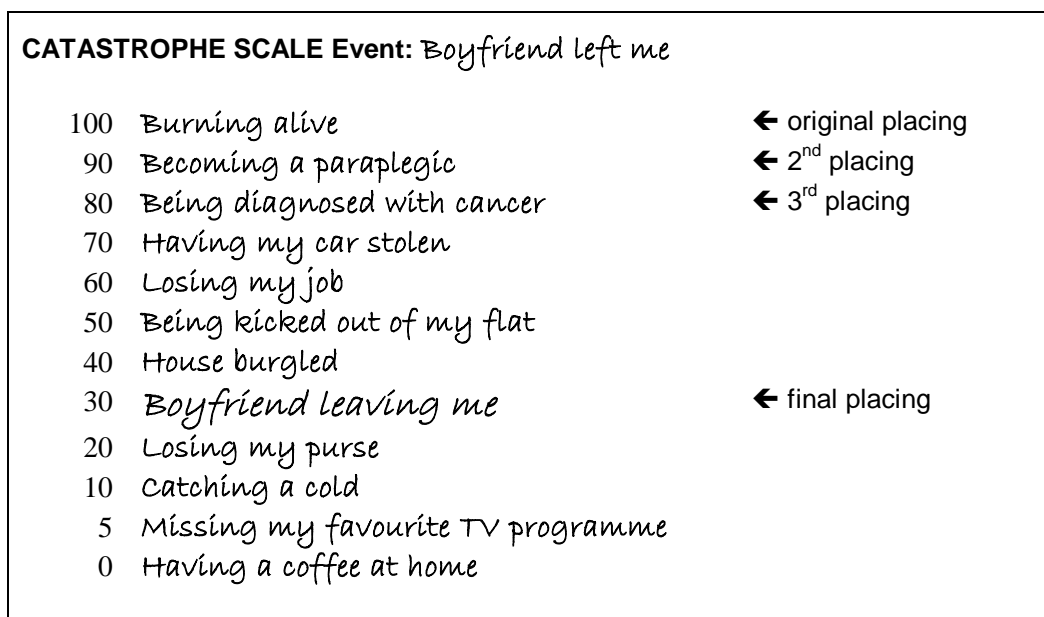
	Keep getting enraged with other people when they do things I dislike.		Learn to keep my anger under control.	
<b>Advantages</b>	I feel superior	4	People will like me more	7
	They usually go quiet	5	There will be less shouting in the house.	7
	They are more careful around me.	4	I won't end up on more charges	5
		+13		+19
<b>Disadvantages</b>	People dislike me.	7	It will be hard to control my urge to shout	5
	Afterwards, I don't like myself.	8	It will take more time to sort things out.	4
	They are only careful for while, then they go back to their old ways.	6	I will miss the high I get.	3
		- 21		- 12
	<b>Overall total:</b> - 8		<b>Overall total:</b> +7	

Note that advantages to the first option will often represent disadvantages to the second option, and vice-versa (this may seem like doubling up, but it actually aids clarification).

## Using the 'Catastrophe Scale'

1. On a sheet of paper draw a line down the left side. Put 100% at the top, 0% at the bottom, and 10% intervals in between. Have the client insert the event to which they are reacting at the applicable level.

2. At each level, write in something the client thinks could legitimately be rated at that level. You might, for example, put 0% - 'Having a quiet cup of coffee at home', 20% - 'Losing my purse', 40% - being burgled, 80% - being diagnosed with cancer, 100% - being burned alive, and so on. The client will progressively alter the position of their 'activating event' on the scale, in relation to the other items, until they sense it is in perspective. Here is an example:



The client can keep the chart and add to it from time to time. Whenever they are upset about something, they can ascertain what 'badness-rating' they are giving it and pencil it on their chart, then see how it compares to the items already there. Usually, they will realise they have been exaggerating the badness involved, and move the item down the list until it is in perspective.

## Teach physiological coping skills

Physiological treatment aims to reduce tension and ill-humour by working on the symptoms themselves. The client learns how to modify their 'C's – in other words, to reduce the physical sensations that further fuel their anger. This helps them avoid exacerbating annoyance or irritation into hostility or rage. Strategies that are commonly used include:

- Relaxation training and stress management (see Froggatt, 1997).
- Anxiety management (see Froggatt 2003b).
- Encouraging the client to maintain a sense of humour – avoid taking oneself or the situation too seriously.
- Moderation of alcohol use (and no alcohol at all when angry or upset). Some clients will also benefit from reducing their caffeine intake, if they have more than five cups a day.

Physiological strategies are 'palliative' – that is, they ease the symptoms without addressing the causes – but are a useful adjunct to the therapist's armoury.

## Teach additional skills as needed

Some clients will need additional skills training in how to use anger adaptively rather than destructively. The idea is for the client to learn how to minimise the dysfunctional aspects of their anger, and instead engage in problem-solving behaviour.

### *Time out*

'Time-out' is useful in the early stages of therapy, before the client has learned to deal with the underlying cause of their anger. The client prepares the scene by explaining to their partner what they will do and arranges their co-operation. When the client identifies the early stages of anger, they follow these steps:

1. Share with their partner that they are feeling angry, and say they are going to take time-out.
2. Leave the situation for about one hour. Avoid drinking or driving while angry, instead, do something physical (brisk walk, run, gardening, etc.), and/or do a *self-analysis* to deal with self-defeating thinking.
3. When the hour is up, return and check in with their partner and offer to talk about what happened.

### ***Communication and assertiveness training***

The aim is for the client to change things they dislike without using anger. It involves (1) effective communication of feelings; and (2) asking for what they want and saying 'no' to what they don't want. Suggestions for assertiveness are detailed in Froggatt, 1997 & 2003a.

### ***Problem-solving training***

Train the client how to use task-oriented, problem-solving strategies. They will then be able to deal with problems straight away rather than bottling up their feelings. A problem-solving model is described in detail in Froggatt, 1997 & 2003a.

### ***How to teach skills***

The best way to help the client gain coping skills is by: (1) explaining a technique; (2) modelling it; then (3) having the client rehearse the techniques with you before using them in the real world.

## **Facilitate skills practice through graduated exposure**

The final step is to help the client apply what they have learned. What follows is a process for helping clients do this in a graduated fashion. As mentioned earlier, therapy does not often proceed in a linear sequence - some stages may be mixed together or approached in a different order to that described. Techniques outlined in this section may be used to facilitate specific learning from earlier stages.

### ***Step 1: Develop a hierarchy***

Start by having the client list anger situations they are likely to meet in real life (usually this would have been done earlier via their 'A-C' diary). Have the client rate the level of anger they would associate with each situation, then order the list into a 'hierarchy' according to the anger rating for each item. Here is an example of such a hierarchy:

<b>Anger level:</b>	<b>Exposure Task:</b>
4	Talk to the guy at work who supports that new Christian political party.
5	Go into the lounge when I know all the kids' toys will be everywhere on the floor.
6	Watch TV news.
7	Ask Diane's opinion on the Christian party.
8	Go shopping with Dianne.
9	Video my favourite programme, then watch it while the kids are playing.
10	Talk with Dianne about our finances.

### ***Step 2: Exposure via imagery***

Progressively using each hierarchy scene, expose the client to manageable doses of anger stimuli, via the use of imagery and role-playing. Use cognitive procedures such as *Rational-Emotive Imagery* (Maultsby & Ellis, 1974; Froggatt, 1997) and *Rational Self-Analysis* (Froggatt, 1997 & 2003a) to assist the client to identify and dispute the thoughts that create the anger they feel while carrying out the imagery exercise.

### ***Step 3: Exposure in real-life situations***

When the client is ready, move them on to 'in-vivo' (real life) exposure using *response-prevention*:

- The client deliberately (in a planned way) confronts the listed situations that would normally trigger anger.
- While engaging in the exposure, they inhibit their usual response (eg. argumentativeness, defensiveness, demanding of others, etc.) and instead use the new strategies they have learned.

The purpose is to give the client practice at increasing their frustration-tolerance and coping in a non-hostile way with a variety of situations, where the practice is under their control (see Froggatt 2002 for more information on the technique of controlled exposure).

## **The end of therapy**

Therapy usually comes to an end when client and therapist are satisfied that the targeted gains have been achieved to a level where the client is likely to be able to maintain them in the longer term. Two things are important here:

1. *Evaluate progress.* Check whether improvements are due to significant changes in the client's thinking, or simply to a fortuitous improvement in their external circumstances.
  2. *Prepare the client for termination.* Prepare the client to cope with setbacks and ensure they know what to do when their angry reactions return, as they most likely will. Stress that from here on it is a matter of 'management, not cure'. Discuss their views on asking for help if needed in the future, so that you can deal with any blocks to returning for the occasional (usually brief) refresher.
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## **Appendix I: Summary of the helping process**

### ***Carry out assessment***

- Client's motivation for change
- Historical causes
- Current causal factors
  - Activating events & consequences (A-C diary)
  - Beliefs (A-B-C diary)

### ***Introduce the client to new ways of viewing anger***

- Difference between feeling and behaving
- View anger in terms of consequences rather than moralising

### ***Teach cognitive coping skills***

- Self-analysis / Thought recording
- Disputation
- Benefits calculation
- Catastrophe scale

### ***Teach physiological coping skills***

- Relaxation / Stress management
- Anxiety management
- Moderation of alcohol use

### ***Teach additional skills as needed***

- Time out
- Communication and Assertiveness
- Problem-solving

### ***Facilitate practice of skills via graduated exposure***

- Develop hierarchy
- Begin with imagery exposure
- When client ready, extend to in-vivo exposure

### ***Prepare client for the end of therapy***

- Evaluate progress
- Develop relapse management skills

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## Appendix II: A sample of anger-creating irrational beliefs

### Hostility-Causing Beliefs

Others must never do anything to devalue me.

I should be able to have the things I want, and live my life as I choose.

I can't stand it when people get in my way.

Other people should never behave in ways that frustrate or deprive me, or upset the stability of my existence.

If the world were a better place I wouldn't need to get upset.

If I didn't get mad then things would never change.

People should always behave in a correct and right fashion.

People who behave badly are bad people - and they deserve blame and punishment.

People only do things to frustrate me.

I wouldn't be human if I didn't lose my cool.

Anger is evil and destructive.

### Rational Alternatives

The actions of others can't 'devalue' me. I don't magically change because of what others say or do

It's OK to want things my way (and to try and achieve it), but there is no law of the universe that says I *should* or *must* get what I want how I want it.

It's disappointing when people get in my way, but I can stand it - especially if I avoid demanding and catastrophising.

I'd prefer it if people didn't do things I dislike. But, in real life, they sometimes do! Anyway, it's not their actions that frustrate me - it's my own demanding thoughts.

Unfortunately, the world is not a better place. But I can avoid getting upset about this fact by changing the way I view it.

Getting mad disables me. I'm more likely to change things by keeping my head and being assertive rather than aggressive.

In real life, people don't always behave correctly. No amount of demanding is going to make this reality go away. Anyway, who decides what's right?

People are not what they do. Behaving badly doesn't make someone a bad person - it just shows they are a person who sometimes behaves badly.

Am I god, that I can see into the inner recesses of other's minds and discern their motivations?

Just because something is human doesn't make it desirable. Anyway, to be reasonable and understand someone else's viewpoint is also human.

Anger is neither good nor bad - it's just an emotion. I can choose to express it constructively rather than destructively.

## Appendix III: Rational self-analysis - an example

What follows is an example of a completed rational self-analysis. Note that it is usually most effective to proceed with an analysis in the following order: A, C, B, E, D, F:

<b>A</b>	<b>Activating event</b> (what started things off): Children playing noisily, could not hear television programme.
<b>B</b>	<b>Beliefs</b> (what I told myself about the 'A'): <i>Thoughts specific to the situation:</i> 1. I can't stand their noise. 19. They shouldn't be so noisy when I am trying to relax. 20. I have to make them behave. <i>Underlying core beliefs:</i> 21. I can't stand to feel frustrated. 22. Others should never do things that frustrate or upset me; when they do, I must get them under control.
<b>C</b>	<b>Consequence</b> (how I felt and/or behaved): <i>Emotions:</i> felt angry. <i>Behaviours:</i> went into lounge, shouted at children and called them abusive names.
<b>E</b>	<b>New Effect</b> (how I would prefer to feel/behave): I would prefer to feel annoyed rather than hostile; and calmly explain that I like to relax after work, and ask them to play more quietly.
<b>D</b>	<b>Disputation and new beliefs</b> (that will help me achieve the new Effect I want): 1. I don't like their noise, but I can stand it - it hasn't killed me yet. 2. I would <i>prefer</i> them to play quietly when I am trying to relax, but what Law of the Universe says that they 'should'? 3. It would be <i>helpful</i> to train them to behave, but I don't absolutely 'have' to. 4. I dislike frustration, but I have always stood it! 23. I would prefer others to not do things I dislike, but where is it written that they 'must' not? And, anyway, others don't frustrate me - I frustrate myself with what I think about their behaviour.
<b>F</b>	<b>Further action</b> (what I will do to avoid the same dysfunctional thinking and reactions in future): 1. Re-read the article on managing anger my counsellor gave me. 2. Talk with my anger management group about better ways to communicate when people do things I dislike. 3. Use 'time-out' for the next few months to practice increasing my tolerance for the kid's noise. 24. Do a self-analysis when I take time-out, to chip away at my demanding rules.

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## Appendix IV: References and further reading

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## Appendix V: Useful resources on the internet

- Introduction to Rational Emotive Behaviour Therapy* - <http://www.rational.org.nz/prof/docs/intro-rebt.htm>
- Introduction to Cognitive Behaviour Therapy* - <http://www.rational.org.nz/prof/docs/intro-cbt.htm>
- Homework assignments in psychotherapy* - <http://www.cyberpsych.com/homework.html>
- New Zealand Centre for Cognitive Behaviour Therapy* - <http://www.rational.org.nz>
- Raymond Novaco's web page* - <http://www.seweb.uci.edu/faculty/novaco/>