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Effectiveness of anger treatments for specific anger problems: A meta-analytic review

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Abstract

This meta-analytic review analyzed the effects of anger treatment on various aspects of anger with 65% of studies not previously reviewed. To improve on past reviews, this review included only noninstitutionalized adults with demonstrable anger as determined by standardized measures. The studies were compiled from a computer search of published and unpublished anger treatment studies conducted between January 1980 and August 2002. The search resulted in 23 studies containing one or more treatment groups and a control group, with effect sizes derived for each anger problem within each treatment category. The meta-analysis resulted in medium to large effect sizes across therapies. Further analyses of effect sizes within treatment groups by the kind of anger reported support the implementation of cognitive therapies for driving anger, anger suppression, and trait anger. In contrast, relaxation is recommended in cases of state anger. Other implications for treatment and future research directions are discussed, including a special need for research with treatment-seeking individuals and clinical populations.

Keywords: Anger; Effect size; Meta-analysis; Partner abuse; Treatment

1. Introduction

Anger is often a precipitant of family, work, health, and legal problems. Anger is a negative emotional state that varies in intensity and duration and usually is associated with emotional arousal and a perception of being wronged by another (Kassinove & Sukhodolsky, 1995). The adverse consequences

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of anger have been described since antiquity. From great philosophers and religious leaders like Seneca, Descartes, and Gandhi came various admonitions to keep one's anger in check (Tavris, 1989). However, following the influences of Freud, the power of the instinct ascended to prominence, and the need to control anger began to be questioned. In fact, the 1960s and 1970s saw the development of a therapy industry designed to aid individuals in venting their angry feelings. Those therapies were called into question after many psychologists showed that expression of anger generally increases anger (e.g., Bushman, Baumeister, & Phillips, 2001). In the last 20 years, we have seen a pendulum swing with increasing numbers of anger management programs. However, before turning to an evaluation of treatments for anger, evidence regarding the negative consequences of anger in the family and health arenas is reviewed.

Anger has been linked to various forms of aggression including spouse abuse, child abuse, road rage, and murder. Dobash and Dobash (1984) found that arguments preceded physical aggression in couples 67% of the time. Cascardi, Vivian, and Meyer (1991) found that 100% of husbands and 67% of wives who engaged in acts of physical aggression, such as pushing and slapping, reported that the acts occurred in the context of a verbal argument. Although not all individuals are angry when they argue, when arguments escalate to the point of physical aggression, it is assumed that anger is usually involved. In fact, Boyle and Vivian (1996) found that men in physically aggressive relationships had significantly higher anger scores than a community control group. Regarding parental anger, mothers use physical discipline most in response to child behaviors that make them angry (Peterson, Ewigman, & Vandiver, 1994). Further, parental anger is significantly associated with child abuse risk (Kolko, 1996; Rodriguez & Green, 1997). High anger drivers, compared with low anger drivers, report more automobile accidents, more aggressive driving, and more intense and frequent angry experiences (Deffenbacher, Huff, Lynch, Oetting, & Salvatore, 2000; Deffenbacher, Lynch, Filetti, Dahlen, & Oetting, 2003). In addition, according to the U.S. Department of Justice (2000), 29% of murders were preceded by an argument or disagreement. In summary, anger is associated with a wide variety of negative behaviors that often have negative psychosocial and interpersonal consequences.

While anger often leads to negative consequences, it can also encourage positive behaviors and cognitions such as an increase in motivation and goal-setting behaviors. Averill (1983) found that a vast majority of anger-provoking episodes did not result in aggressive acts. More specifically, only 10% of the episodes resulted in a physically aggressive act. Further, anger can result in beneficial interpersonal interactions. For example, about one-third of anger episodes were reported by subjects to have positive outcomes leading to behavioral compliance by others (Tafrate, Kassinove, & Dundin, 2002). In addition, hostile/angry/contemptful interchanges in marriage may lead to immediate compliance; however, in the long-term, they are also predictive of divorce (Gottman, 1994).

Anger is not only linked to negative psychological consequences but also increases one's vulnerability to illnesses, compromises the immune system, increases pain, and increases the risk of death from cardiovascular disease (Suinn, 2001). The reasons for such consequences, as suggested by Suinn (2001), may be that anger leads to poorer health behaviors and/or is associated with psychosocial characteristics related to health vulnerability (e.g., frequency of high conflicts). The suppression of anger has also been shown to result in negative consequences for the individual. Anger suppression correlates positively with pain assessment and intensity, pain behaviors, and interference with daily functioning and negatively with pain tolerance (Gelkopf, 1997; Kerns, Rosenberg, & Jacob, 1994). Furthermore, anger suppression is a stronger predictor of pain intensity than pain history, anger intensity, and depression (Kerns et al.,